



Lori A. Shibinette  
Commissioner

Lisa M. Morris  
Director

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**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC HEALTH SERVICES**

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October 8, 2020

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

**INFORMATIONAL ITEM**

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, and 2020-18, Governor Sununu has authorized the Department of Health and Human Services, Division of Public Health Services, to enter into **Retroactive Sole Source** contracts with the Contractors listed below in an amount not to exceed \$19,995, to provide access to client services during the COVID-19 pandemic for individuals living with human immunodeficiency virus (HIV) enrolled in the NH CARE Program and their immediate household members, effective retroactively to the dates specified in the table below, through December 31, 2020. 100% Federal Funds.

Vendor Name	Vendor Code	Area Served	Contract Amount	Contract Effective Date
HIV/HCV Resource Center, Inc.	166709	Grafton, Coos, Carroll, Belknap, Sullivan Counties	\$9,996	9/2/2020
Merrimack Valley Assistance Program, Inc.	157934	Cheshire, Hillsborough, Rockingham, Strafford, and Merrimack Counties	\$9,999	8/20/2020
		<b>Total:</b>	<b>\$19,995</b>	

Funds are available in the following account for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

**05-95-090-9025-2229 HEALTH & SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, INFECTIOUS DISEASE CONTROL.**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2021	102-500731	Contracts for Prog Svc	90024150	\$19,995
			<b>Total</b>	<b>\$19,995</b>

**EXPLANATION**

These contracts are **Retroactive** because the Department determined the individuals living with HIV enrolled in the NH CARE Program needed to quickly receive these client services; however, the contract review and approval process took longer than anticipated.

These contracts are **Sole Source** because the Department, in the interest of the public's health and safety, determined these Contractors had the capacity to quickly provide the required services in response to the COVID-19 pandemic. The Contractors currently aid individuals living with HIV and can assist these clients with the economic impact of COVID-19.

The purpose of these contracts is to ensure individuals living with HIV enrolled in the NH CARE Program and their immediate household members have access to client services to assist them through the COVID-19 pandemic. The services include home-delivered meal services; housing assistance; linguistic services for individuals with limited English proficiency; and transportation services to medical appointments. Individuals living with HIV/AIDS are immunocompromised and are at a higher risk for COVID-19. These services help mitigate the impact of COVID-19 in their daily lives, while providing them with a continuity of care.

Approximately 650 individuals enrolled in the NH CARE program will be served through December 31, 2020.

The Contractors will coordinate meals to individuals through home-delivered meal services, which include food, household cleaning supplies, and hygiene supplies. The Contractors will provide assistance for rent, mortgages, and utility costs with accrued arrearages as a direct result of COVID-19. This housing assistance will be paid directly to the third party that is owed the funds. The assistance will prevent homelessness and increase access to medical care.

The Department will monitor contracted services by requiring the Contractors to submit monthly reports.

Areas served: Statewide

Source of Funds: CFDA #93.917, FAIN # X7CHA36878

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

Subject: COVID-19 CARE Program Response (SS-2020-DPHS-21-CAEP-02)

**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 New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name HIV/HCV Resource Center, Inc.		1.4 Contractor Address 2 Blacksmith Street Lebanon, NH, 03766	
1.5 Contractor Phone Number (603) 448-8887	1.6 Account Number 05-095-090-9025-2229	1.7 Completion Date December 31, 2020	1.8 Price Limitation \$9,996
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>Laura Byrne</i> Date: 8/25/20		1.12 Name and Title of Contractor Signatory Laura Byrne, Executive Director	
1.13 State Agency Signature <i>Lori Shabinette</i> Date: 9/2/2020		1.14 Name and Title of State Agency Signatory Lori Shabinette, Commissioner	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <i>Catherine Pinos</i> On: 09/14/20			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

**2. 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 B 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 1.17, 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 1.13 ("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 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 for Services provided in EXHIBIT B, in whole or in part. 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 reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source 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 C 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 applicable 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 employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property 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. The Contractor 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 cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. 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.

## 9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, 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.

## 10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 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.

10.2 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.

10.3 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.

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.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. **INDEMNIFICATION.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. 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 continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial 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 or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 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 ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

#### 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. The 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. **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.

17. **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.

18. **CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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 or modifying provisions set forth in the attached EXHIBIT A 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 with respect to the subject matter hereof.



**EXHIBIT A**

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**REVISIONS TO STANDARD CONTRACT PROVISIONS**

**1. Revisions to Form P-37, General Provisions**

1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to State approval, this Agreement, and all obligations of the parties hereunder, shall become effective the date both parties execute the contract.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

LB

8/25/20



### Scope of Services

#### **1. Statement of Work**

- 1.1. The Contractor shall provide services, activities, and supplies statewide to New Hampshire residents living with human immunodeficiency virus (HIV) enrolled in the NH CARE Program and their immediate household members in accordance with the 2020 *Coronavirus Aid, Relief and Economic Security Act-P.L. 116-136 (CARES Act)*.
- 1.2. The Contractor shall ensure all services, activities, and purchases supported with funding under this Agreement are utilized to prepare for, prevent, and/or respond to COVID-19 in accordance with the 2020 *Coronavirus Aid, Relief and Economic Security Act-P.L. 116-136 (CARES Act)*.
- 1.3. The Contractor shall provide one (1) or more of the following services, activities, and supplies within a service category as outlined in Policy Clarification Notice (PCN) 16-02 [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)
  - 1.3.1. Coordinate meals to individuals through home-delivered meals and meal services.
    - 1.3.1.1. The Contractor shall deliver the following items to individuals when applicable, including, but not limited to:
      - 1.3.1.1.1. Meals.
      - 1.3.1.1.2. Household cleaning supplies.
      - 1.3.1.1.3. Hygiene supplies, including personal protective equipment (PPE).
    - 1.3.2. Provide housing assistance, which includes:
      - 1.3.2.1. Rent payments.
      - 1.3.2.2. Mortgage payments.
      - 1.3.2.3. Utility expenses.
    - 1.3.3. Provide linguistic services to individuals with limited English proficiency (LEP).
      - 1.3.3.1. Provide necessary linguistic services to facilitate communication between the case manager and client.
      - 1.3.3.2. Provide necessary linguistic services to facilitate communication between the support delivery of support services.
    - 1.3.4. Provide access to non-emergency medical transportation services and in accordance with section 1.1. Statement of work to individuals, which includes, but is not limited to:



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- 1.3.4.1. Medical transportation services via voucher system.
- 1.3.4.2. Medical transportation services via ticket system.
- 1.3.4.3. Other allowable medial transportation in accordance with PCN 16-02.
- 1.3.5. Provide telehealth services as outlined in PCN 16-02 and described in Appendix A, CARES Act Telehealth Services.
- 1.4. The Contractor may request modifications to the contract budget to be approved by the Department.
  - 1.4.1. The Contractor shall ensure requested budget modifications are allowable uses of funds to prevent or minimize the impact of COVID-19 pandemic to enrolled NH CARE Program clients and their immediate household members in accordance with the following:
    - 1.4.1.1. PCN 16-02, Ryan White HIV/AIDS Program Service Categories.
    - 1.4.1.2. Health Resources Services Administration (HRSA) CARES Act Supplemental Funding Uses guidance.

**2. Exhibits Incorporated**

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

**3. Reporting Requirements**

- 3.1. The Contractor shall enter each enrolled NH CARE-eligible client and immediate household member who received one (1) service into the CAREWare system.
  - 3.1.1. Individuals who received CARES Act-funded services under multiple service categories must be counted one time in each category as outlined in Appendix C, CAREWare COVID-19 CARES Act Data Collection Instructions.
- 3.2. The Contractor shall submit a report using the Appendix B, New Hampshire Ryan When CARE Program Monthly COVID-19 Data Report (CDR) Form

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template.

- 3.3. All RWAHP Part B service providers receiving CARES Act funding are required to report organizational-level and service-level activity no later than 10 days after the close of every month, to include:

3.3.1. Total de-duplicated clients and immediate household members for each CARES Act-funded HRSA, HAB service category; and

3.3.2. Any use of telehealth for service delivery for any services delivered; and

3.3.3. Any accomplishments, challenges or obstacles to meeting the projected or targeted goals or the contract.

**4. Performance Measures**

- 4.1. The Department will monitor Contractor performance by using the following performance measures:

4.1.1. 100% of chart reviews result in zero (0) citations for assessment and service planning standards.

4.1.2. 100% for citations for assessment and service planning will have a corrective action plan developed and approved by the CARE Program within thirty (30) days of receipt of the site visit report.

- 4.2. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

- 4.3. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

- 4.4. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

**4.5. Impacts Resulting from Court Orders or Legislative Changes**

4.5.1. 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 has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

4.5.2. The Contractor shall adhere to all applicable legislative and programmatic requirements in accordance with Ryan White Comprehensive AIDS Resources Emergency (CARE) legislation, administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), excluding the RWHAP Requirements

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Waived Under FY 2020 CARES Act Funding (refer to "list of flexibilities").

**4.6. Culturally and Linguistically Appropriate Services (CLAS)**

- 4.6.1. The Contractor shall submit and comply with a detailed description of the language assistance services they will provide to persons with limited English proficiency and/or hearing impairment to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

**4.7. Credits and Copyright Ownership**

- 4.7.1. 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, "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."
- 4.7.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use.
- 4.7.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
- 4.7.3.1. Brochures.
  - 4.7.3.2. Resource directories.
  - 4.7.3.3. Protocols or guidelines.
  - 4.7.3.4. Posters.
  - 4.7.3.5. Reports.
- 4.7.4. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

**4.8. Operation of Facilities: Compliance with Laws and Regulations**

- 4.8.1. 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

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**EXHIBIT B**



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.

**4.9. Eligibility Determinations**

- 4.9.1. 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.
- 4.9.2. Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
- 4.9.3. 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.
- 4.9.4. 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. Records**

- 5.1. The Contractor shall keep records that include, but are not limited to:
  - 5.1.1. Books, records, documents and other electronic or physical 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.
  - 5.1.2. All records must 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

New Hampshire Department of Health and Human Services  
COVID-19 CARE Program Response  
**EXHIBIT B**



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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, 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.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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. 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.

New Hampshire Department of Health and Human Services  
COVID-19 CARE Program Response

EXHIBIT C



Payment Terms

1. This Agreement is funded by:
  - 1.1. 100%, Ryan White HIV/AIDS Program Part B COVID-19 Response, as awarded on 4/1/2020, by Health Resources and Services Administration (HRSA), CFDA 93.917, FAIN# X7CHA36878.
2. For the purposes of this Agreement:
  - 2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.330.
  - 2.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits C-1, Budget.
4. The Contractor may be reimbursed for allowable costs dating back to January 20, 2020 for the provision of services specified in Exhibit B Scope of Services.
5. The Contractor shall submit an invoice in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment.
6. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to [DPHSCContractBilling@dhhs.nh.gov](mailto:DPHSCContractBilling@dhhs.nh.gov), or invoices may be mailed to:

Financial Manager  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301
7. 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, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.
8. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
9. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

New Hampshire Department of Health and Human Services  
COVID-19 CARE Program Response  
**EXHIBIT C**



10. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.
11. 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 or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
12. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
13. Audits
  - 13.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
    - 13.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
    - 13.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
    - 13.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 13.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
  - 13.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
  - 13.4. 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

New Hampshire Department of Health and Human Services  
COVID-19 CARE Program Response

EXHIBIT C



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.



Exhibit C-01 Budget

Contractor name: HH/MCV Resource Center, Inc. New Hampshire Department of Health and Human Services

Budget Request for: COVID-19 CARE Program Response

Budget Period: SFY 2021

Line Item	Direct	Indirect	Total	Contractor Share / Match	Funded by DHHS contract share
1. Total Salary/Wages	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other: may include payments for housing, mortgage, utilities, for linguistic services, transportation, telehealth and other emergency financial assistance that helps clients prevent, prepare for or respond to COVID-19.	\$ 9,996.00	\$ -	\$ 9,996.00	\$ -	\$ 9,996.00
TOTAL	\$ 9,996.00	\$ -	\$ 9,996.00	\$ -	\$ 9,996.00
Indirect As A Percent of Direct		0%			



**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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

**ALTERNATIVE I - FOR 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 Section 1.1.
  - 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

LB  
8/25/20



- 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)

HIV/HCV Resource Center, 2 Blacksmith St., Lebanon, NH

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

03766

Contractor Name:

8/25/20  
Date

Laura Byrne, HIV/HCV Resource Center  
Name: Laura Byrne  
Title: Executive Director



**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-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name:

8/25/20  
Date

Laura Byrne, HIV/HIV Respite Center  
Name: Laura Byrne  
Title: Executive Director



**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



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:

8/25/20  
Date

Laura Byrne, HIV/HCV Resource Center  
Name: Laura Byrne  
Title: Executive Director



**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

Vendor Initials

LR

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

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:

8/25/20  
Date

Laura Byrne, HIV/HCV Resource Center  
Name: Laura Byrne  
Title: Executive Director

Exhibit G

Vendor Initials LB

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

Date 8/25/20





**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:

8/25/20  
Date

Laura Byrne, HIV/HIV Resane Certn.  
Name: Laura Byrne  
Title: Executive Director



Exhibit I

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

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

**(1) Definitions.**

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

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Contractor Initials

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Date

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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



Exhibit I

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

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

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Exhibit I

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

**(4) Obligations of Covered Entity**

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

**(5) Termination for Cause**

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

**(6) Miscellaneous**

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



Exhibit I

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

Lori Shabinette

Signature of Authorized Representative

Lori Shabinette

Name of Authorized Representative

Commissioner

Title of Authorized Representative

10.27.20

Date

HIV/HCV Resource Center

Name of the Contractor

Laura Byrne

Signature of Authorized Representative

Laura Byrne

Name of Authorized Representative

Executive Director

Title of Authorized Representative

8/31/20

Date



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

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

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

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

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

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

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

Contractor Name:

8/25/20  
Date

Laura Byrne, NHV/HVH Resource Center  
Name: Laura Byrne  
Title: Executive Director





FORM A

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

1. The DUNS number for your entity is: 112839571
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: _____

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

DHHS Information Security Requirements



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

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



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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New Hampshire Department of Health and Human Services

Exhibit K

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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/doit/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.





- 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

**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

LB

8/25/20

## Appendix A

### CARES Act Telehealth Services

Telehealth has become an important tool for improving access to quality health care during the pandemic. In the Monthly COVID-19 Data Report, report all service categories **whether or not CARES Act funds were used for the service.**

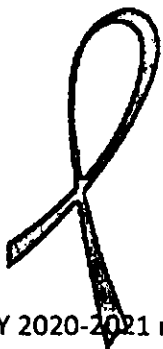
HRSA HAB encourages the use of telehealth to promote access to and continuity of care in a safe way during social distancing. HRSA strongly encourages RWHAP service providers that provide, or are planning to provide health services via telehealth to consult with professional organizations, regulatory bodies, and private counsel to help assess, develop, and maintain written telehealth policies that are compliant with Federal, State, and local requirements and applicable standards of practice.

HRSA encourages RWHAP service providers to consider the range of issues that would support successful implementation of telehealth. As a reminder, PCN #16-02 (PDF - 176 KB) encourages service providers to consider all methods of providing services, including the use of technology (e.g., telehealth).

According to HRSA, **telehealth** is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, client and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

*Note: Telehealth and telemedicine are not interchangeable. Telemedicine is a subset of telehealth and provides clinical services remotely through patient-provider interactions.*

According to HRSA HAB, telehealth can be applied to several service categories such as **OAHS, MCM, NMCM, mental health services**, etc. For example, if you are able to implement the service virtually (e.g., via telephone, videoconference, patient portals, etc.), it can be considered telehealth. If you are able to implement the service virtually (e.g., via telephone, videoconference, patient portals, etc.), it can be considered telehealth.



## Appendix B

### New Hampshire Ryan White CARE Program Monthly COVID-19 Data Report (CDR) Form

Fiscal Year 2020-2021

FY 2020-2021 monthly reports will be submitted by email to the Oversight and Monitoring Coordinator, Elizabeth Biron at [Elizabeth.Biron@dhhs.nh.gov](mailto:Elizabeth.Biron@dhhs.nh.gov), by the due dates listed below. Call Elizabeth with any questions at 603.271.6942.

Agency:	
Submitted By:	
Date:	

	CDR Report Title	Month	Due Date
<input type="checkbox"/>	CDR Month 4	August	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 5	September	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 6	October	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 7	November	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 8	December	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 9	January	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 10	February	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 11	March	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 12	April	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 13	May	Day 10 After Report Month

The CDR reporting period is monthly and may be used retroactively beginning January 20, 2020. All RWHAP Part B subrecipients who use FY-2020 CARES Act funding to provide support services to enrolled NH CARE client's, and for immediate household members are required to report organizational-level and service-level services, activities, and supplies as follows:

1. Use of telehealth for service delivery for any services delivered.
2. Total de-duplicated clients and immediate household members for each CARES Act-funded HRSA service category in accordance with HIV/AIDS BUREAU POLICY Clarification Notice: [PCN # 16-02 \(PDF – 176 KB\)](#)

#### 1. Organization-level Activities

Indicate which core medical and support services were provided using telehealth during the reporting period (for guidance on what defines telehealth, refer to Appendix A, [CARES Act Telehealth Services](#)). Use check box to report all service categories whether or not CARES Act funds were used for the service.

## Appendix B

Core Medical Services	
<input type="checkbox"/>	AIDS Drug Assistance Program Treatments
<input type="checkbox"/>	AIDS Pharmaceutical Assistance
<input type="checkbox"/>	Early Intervention Services (EIS)
<input type="checkbox"/>	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
<input type="checkbox"/>	Home and Community-Based Health Services
<input type="checkbox"/>	Home Health Care
<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Medical Case Management, Including Treatment Adherence Services
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Mental Health Services
<input type="checkbox"/>	Oral Health Care
<input type="checkbox"/>	Outpatient/Ambulatory Health Services
<input type="checkbox"/>	Substance Abuse Outpatient Care
Support Services	
<input type="checkbox"/>	Child Care Services
<input type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	Food Bank/Home Delivered Meals
<input type="checkbox"/>	Health Education/Risk Reduction
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Linguistic Services
<input type="checkbox"/>	Medical Transportation
<input type="checkbox"/>	Non-Medical Case Management Services
<input type="checkbox"/>	Other Professional Services
<input type="checkbox"/>	Outreach Services
<input type="checkbox"/>	Permanency Planning

### 2. Service Report (Total Clients Served)

In each CARES Act-funded HRSA, HIV/AIDS Bureau (HAB) service category, include enrolled NH CARE-eligible clients and immediate household members who received at least one (1) service. Those who received services under multiple service categories must be counted one time in each service category.

Service provided to immediate household members, such as housing assistance for quarantine, should be attributed to the enrolled NH CARE-eligible client (Refer to Appendix C, CAREWare COVID-19 CARES Act Data Collection Instructions).

## Appendix B

Support Services	Total Served
Emergency Financial Assistance	
Food Bank/Home Delivered Meals	
Housing	
Linguistic Services	
Medical Transportation	

### Performance

Describe any accomplishments and/or challenges in meeting the projected or targeted goals of the contract:

### Spending

Please complete the table below, including the Fiscal Year Program Budget. Put in the cumulative % of funds spent for each month. Briefly describe spending activity for the month, including any variances in expenditures:

<b>FY20 Program Budget Amount</b>				
	<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>
<b>Total Amount Billed to Date (%)</b>	0%	0%	0%	%
	<b>Month 5</b>	<b>Month 6</b>	<b>Month 7</b>	<b>Month 8</b>
<b>Total Amount Billed to Date (%)</b>	%	%	%	%
	<b>Month 9</b>	<b>Month 10</b>	<b>Month 11</b>	<b>Month 12</b>
<b>Total Amount Billed to Date (%)</b>	%	%	%	%
<b>Agency Narrative:</b>				
<input type="checkbox"/> Technical Assistance Requested				

## Appendix C

### CAREWare COVID-19 CARES Act Data Collection Instructions

Entering COVID grant service units (Max \$9,996 to be used before 3/31/2021)  
In this example case a food voucher:

1. Go to client's record. Click on Service link on the left. Click Add a Service

The screenshot shows the HRSA Merrimack Valley Assistance Program interface. On the left is a navigation menu with options: Customize, Demographics, Client Report, Encounter Report, Drug Payments, Services, Annual Review, Case Notes, Vital Signs, Hospital Admissions, Medications, Labs, Screenings, Screening Labs, and Immunizations. The 'Services' option is selected. The main area displays the 'Add Service' form. At the top, it says 'Find Client > Search Results > Demographics > Services > Add Service > Add Service'. Below this is a 'Next' button. The form fields include: Client (Pamela Zabala), Date (12/1/2020), Service Name (Food Voucher), Contract (COVID), Units (0), Price (0.00), and Total (0.00).

2. Select Food Voucher. You will see a choice of two contracts in the next field. Select COVID contract

This screenshot is similar to the previous one, showing the 'Add Service' form. The 'Service Name' is 'Food Voucher'. In the 'Contract' dropdown, 'COVID' is selected. The 'Units' field now shows '1' and the 'Price' field shows '1438.00'. The 'Total' field shows '1438.00'. The navigation menu on the left remains the same.

3. Enter the Units and the Total dollar amount. Click Save.

HIV/HCV Resource Center,  
Inc.

SS-2020-DPHS-21-CAREP-02

Contractor Initials LB

Date 8/25/20

# Appendix C



Merrimack Valley Assistance Program

Find Client > Search Results > Demographics > Services > Add Service > Add Service

Save Back

**Next**

Client: Priscilla Zebrowsky

Date: 7/21/2020

Service Name: Food Voucher

Contract: MVAP-COVID-Contract

Units	<u>1</u>
Price	<u>50.00</u>
Total	<u>50.00</u>

HIV/HCV Resource Center,  
Inc.

SS-2020-DPHS-21-CAREP-02

Page 2 of 2

Contractor Initials LB  
Date 8/25/20



# State of New Hampshire

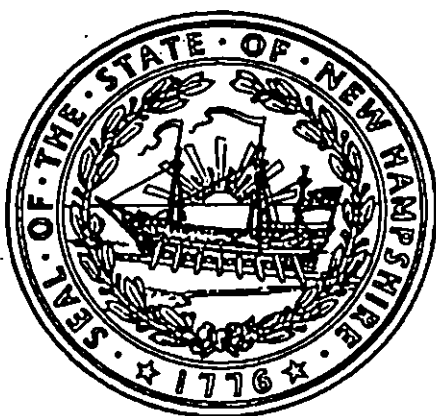
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HIV/HCV RESOURCE CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 06, 1990. 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: 149500

Certificate Number: 0004523245



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 3rd day of June A.D. 2019.

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

William M. Gardner  
Secretary of State

# CERTIFICATE OF VOTE

(Corporation without Seal)

I, Sarah E. Lord, do hereby certify that:

I am the duly elected Chairperson of the Board of Directors of the HIV/HCV Resource Center.

Laura Byrne was elected Executive Director on October 12, 2013, with the authority to sign, negotiate and enter into contracts on behalf of the Agency. She has been authorized to enter into all contracts, including contracts with the State of New Hampshire, and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as she may deem necessary, desirable or appropriate during the time she serves as Executive Director.

9/11/20  
Date

Sarah Lord  
Board Chair of the HIV/HCV Resource Center

STATE OF NEW HAMPSHIRE

County of Grafton

The forgoing instrument was acknowledged before me this 11<sup>th</sup> day of Sept., 2020.

By Sarah E. Lord

Cheryl L. G. White  
(Notary Public/Justice of the Peace)

(NOTARY SEAL)  
CHERYL L. G. WHITE, Notary Public  
State of New Hampshire  
My Commission Expires August 2, 2022

Commission Expires: 8-2-22



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/25/2020

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

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

<b>PRODUCER</b> Clark - Mortenson Insurance P.O. Box 606 Keene NH 03431	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 603-352-2121 <b>E-MAIL ADDRESS:</b> csr24admin@clark-mortenson.com <b>FAX (A/C, No):</b> 603-357-8491	
<b>INSURED</b> HIV/HCV Resource Center, Inc. 2 Blacksmith St. Lebanon NH 03766	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Philadelphia Insurance Company	0
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER: 1582057768** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2068079	12/6/2019	12/6/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIOP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK2068079	12/6/2019	12/6/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			PHPK2068079	12/6/2019	12/6/2020	1,000,000 3,000,000 Each Incident Aggregate

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

<b>CERTIFICATE HOLDER</b>  State of NH Department of Health and Human Services 129 Pleasant Street Concord NH 03301-3857	<b>CANCELLATION</b>  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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## HIV/HCV Resource Center Mission Statement:

Our mission is "to support, assist and empower those whose lives are affected by HIV/AIDS and Hepatitis C to live fully and with dignity, and to stop the spread of these diseases through education, information and understanding."

2:05 PM

08/28/20

Accrual Basis

## HIV-HCV Resource Center Inc

## Balance Sheet

As of June 30, 2020

	Jun 30, 20
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
1000 · MSB Cash Account	
1010 · MSB-Checking, Unrestricted	85,806.37
1020 · MSB-Savings	50,066.02
Total 1000 · MSB Cash Account	135,872.39
Total Checking/Savings	135,872.39
Other Current Assets	
1210 · Grants Receivable	133,473.12
1275 · Security Deposits	
1275A · Rivermill-Rent	1,400.00
Total 1275 · Security Deposits	1,400.00
1290 · Prepaid Expenses	
1290A · Prepaid Ins -- Office & G/L	2,452.50
1290B · Prepaid Ins -- WC	1,039.53
1290C · Prepaid Ins -- Dir & Officers	1,723.98
Total 1290 · Prepaid Expenses	5,216.01
1300 · Equipment	10,947.85
1301 · Equipment-Depreciation	-10,947.85
Total Other Current Assets	140,089.13
Total Current Assets	275,961.52
<b>TOTAL ASSETS</b>	<b>275,961.52</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2500 · Unearned Grant Income	-6,544.89
2400 · Payroll Liabilities	
2402 · Soc Sec / Medicare	239.95
2406 · Accrued Wages	3,136.70
Total 2400 · Payroll Liabilities	3,376.65
Total Other Current Liabilities	-3,168.24
Total Current Liabilities	-3,168.24
Total Liabilities	-3,168.24
Equity	
3200 · Unrestricted Net Assets	210,201.50
Net Income	68,928.26
Total Equity	279,129.76

2:05 PM

08/28/20

Accrual Basis

# HIV-HCV Resource Center Inc

## Balance Sheet

As of June 30, 2020

	<u>Jun 30, 20</u>
TOTAL LIABILITIES & EQUITY	<u><u>275,961.52</u></u>

2:01 PM

08/28/20

Accrual Basis

## HIV-HCV Resource Center Inc

## Profit &amp; Loss

July 2020 through June 2021

	Jul '20 - Jun 21
Ordinary Income/Expense	
Income	
4000 · Restricted Income	
4040 · Broadway Cares	4,000.00
Total 4000 · Restricted Income	4,000.00
4200 · Unrestricted Income	
4293 · VT Community Foundation	4,000.00
4220 · Contributions from Individuals	300.00
4250 · J & D Byrne Foundation	20,000.00
Total 4200 · Unrestricted Income	24,300.00
Total Income	28,300.00
Gross Profit	28,300.00
Expense	
5000 · Personnel	
5010 · Salaries	20,454.34
5020 · Fica / Medicare	1,564.78
5030 · Health Insurance	4,665.60
5040 · Dental Insurance	979.92
5050 · NH State Unemplmt Taxes	0.00
Total 5000 · Personnel	27,664.64
6300 · Other Program & Admin Expenses	
6002 · Utilities	274.02
6006 · Phone & Internet	1,274.92
6310 · Office Supplies & Exp	36.99
6320 · Computer Expenses	132.73
6340 · Payroll Processing Fees	227.38
6400 · Prof Fees & Consultants	300.00
6520 · Staff Travel & Non-Med Transpor	410.93
6812 · CM Emergency Assistance	1,800.00
6814 · HOPWA Emergency Assistance	1,398.07
6818 · Privately Funded Emer Assist	2,213.70
6820 · Program Materials & Supplies	4,926.85
Total 6300 · Other Program & Admin Expenses	12,995.59
Total Expense	40,660.23
Net Ordinary Income	-12,360.23
Net Income	-12,360.23

## **HIV/HCV Resource Center FY21 Board of Directors**

### **Sarah E. Lord, Ph.D., President**

sarah.e.lord@dartmouth.edu

As an Assistant Professor of Psychiatry and Director of Dissemination & Implementation Core in The Center for Technology & Behavioral Health at Dartmouth Psychiatric Research Center, Sarah's research focuses on the development, evaluation, and sustainable dissemination of technology-delivered assessment, prevention, and behavioral intervention tools for adolescent, young adult, and parent populations, primarily in the areas of substance abuse, HIV, and sexual health.

### **David de Gijzel**

david.degijzel@dartmouth.edu

Instructor in Medicine

Fellow in Infectious Disease

Resident in Leadership and Preventative Medicine

Geisel School of Medicine at Dartmouth

David is a practicing physician. His primary areas of interest are Infectious complications of substance use, Hepatitis C in people who inject drugs, Tuberculosis and Global Health.

### **John Morris, Secretary**

morrisvt@tops-tele.com

Recently retired as the pastor at St. Martin's Episcopal Church in Fairlee VT, John has served four Episcopal Churches on a part-time basis since 1968, one of which was in East Harlem, NY. He taught the primary grades of elementary school for 30 years before retiring 1999. He has supported programs that work with people living with HIV-AIDS for many years.

### **John Sanders, M.D.**

john.h.sanders.jr@dartmouth.edu

A retired physician, John volunteers at the Good Neighbor Health Clinic in White River Junction VT, working with uninsured and low-income individuals. He often provides medical care for clients of our syringe service program.

### **Richard Waddell, D.Sc., M.Sc.**

richard.d.waddell@dartmouth.edu

Recently retired as an Associate Professor of Medicine and Associate Director of DarDar International Programs at Geisel School of Medicine at Dartmouth, Richard maintains a keen interest in global health, research bioethics, HIV/AIDS and social justice.



**LAURA BYRNE**



**PROFESSIONAL EXPERIENCE:**

**Executive Director: HIV/HCV Resource Center (2013- present)**

Responsible for program management, fundraising/development, financial management, agency administration and personnel management as well as education, networking and advocacy for this non-profit AIDS Service Organization in Lebanon, N.H.

**Prevention and Education Director: HIV/HCV Resource Center (2010-present)**

Responsible for implementing HIV prevention education programs and managing the agency's syringe exchange and overdose prevention programs. Programs include CDC-approved "Social Networks Testing" (incentive-based networking technique to encourage high-risk individuals to get tested for HIV), and "Healthy Relationships" (five-session workshop to help people living with HIV make decisions on issues of HIV status disclosure and safer sex practices). I also give HIV and Hepatitis C prevention talks and distribute naloxone at drug treatment facilities and community events.

**Deputy Director: Village Health Works (2006-2009)**

Maintained relationships with donors, coordinated the efforts of volunteers in several countries, and wrote grant proposals for a non-profit organization that built and operates a health clinic in Burundi, Africa.

**Business Manager: Harp and Co. Graphic Design**

Managed a small graphic design firm (2005-2009) and a commercial photography studio (2005-2007). Responsibilities included Photo Shop design, printing press production oversight, color matching, client communication and bookkeeping.

**EDUCATION:**

- 1991 Diplôme d'Etudes Françaises, Université des Sciences Humaines de Strasbourg, France
- 1988 M.A., Boston University, Department of Anthropology
- 1981 B.A., Colby College, English major and Biology minor

**LANGUAGES:**

French: advanced reading, writing, speaking;  
Indonesian (Bahasa Indonesia): working capability

**MEMBERSHIP AND AFFILIATIONS:**

Board Member: Stepping Stone and Next Step Peer Support & Crisis Respite Centers  
Board Member: Interplay Jazz and Arts  
Finance Committee ("Money Plan-It"): Faerie Camp Destiny  
Member, Vermont Department of Health Comprehensive Syringe Service Program Working Group  
Member, Vermont HIV Community Advisory Group  
Member, New Hampshire HIV Planning Group

Wanda Knudsen



### HIGHLIGHTS OF QUALIFICATIONS

- Dependable and dedicated worker
  - Good human relation skills
  - Good supervisory skills
- Ability to work independently or as a team member
  - Commitment to quality work
- Strict attention to detail while understanding the bigger picture
- Ability to look at potential gains and impacts of change

### Summary:

**10/10 to present: NH Medical Case Manager**  
HIV/HCV Resource Center, Lebanon, NH

Collaboration with Dartmouth Hitchcock Medical Center to give quality care to current clients, engaging new clients in care, and re-engaging clients who have fallen out of care; working with clients who are HIV+: transporting them to and from medical appointments and to get medications; assisting clients in getting connected to mental health and/or substance abuse counseling; helping them find and get into safe and adequate housing; assisting them in getting connected with social service agencies and state/federal agencies; assisting them in signing up for insurance; advocacy; phone support for clients dealing with difficult situations; problem solving with clients to help them get their needs met; quarterly reporting to the NH CARE Program; semi-annual reporting to the HOPWA program.

**1/12 to present: Licensed Alcohol and Drug Counselor**  
VT

Screening clients; assessments; treatment plans; out-patient substance abuse counseling; referrals into in-patient treatment; collaborating with area social service agencies and referring agencies. Peer supervision.

**9/08 to 12/11: Certified Apprentice Substance Abuse Counselor**  
KIME Associates, Springfield, VT

Screening and assessing clients; treatment plans; group and individual counseling; collaborating with referring agencies. Supervised by a licensed substance abuse and mental health counselor.

**8/01 to 8/08: Diversion and Alcohol Safety Program Manager**  
Valley Court Diversion Programs, White River Junction, VT

Screen clients in court and explain the Diversion process; schedule community board hearings; prepare paperwork for hearings by summarizing police reports, contacting victims and police to get their input into the cases; facilitate Board hearings; prepare contracts for clients; oversee contract compliance; volunteer retention; volunteer trainings; keep records of all interactions involving clients; explain legal and organizational requirements for the Alcohol Safety Program and assemble appropriate paperwork; screen people prior to coming to class; facilitate the Alcohol Safety Program, which was an educational program for underage people caught consuming or possessing alcohol.

**4/93 to 8/01: Shelter Manager**  
Headrest, Lebanon, NH

Managed 8-bed shelter serving people with substance abuse, mental health, dual-diagnosis, and general and chronic homelessness issues; case management services; assisted clients in identifying needs and how to address them; formed and monitored case plans; documented case histories, including short and long term goals with clients; crisis counseling; drug testing; client advocacy; worked with clients to successfully reintegrate them into the community; facilitated a skills group with clients; supervised five part-time employees; collaborated with other programs within the agency; networked with other social service agencies; record keeping; reported to various funding sources; statistics; assisted in grant writing; on-call rotation with other clinical staff.

**8/00 to 8/01: Interim Hotline Manager**  
Headrest, Lebanon, NH

Scheduled hotline shifts to provide 24-hour coverage; reviewed paperwork from phone calls and debriefed difficult calls with hotline workers.

**12/91 to 4/93: Crisis Counselor**  
Headrest, Lebanon, NH

Crisis counseling with hotline and walk-in clients: active listening; problem solving; drug, alcohol, and other addictions; suicide; domestic violence; child abuse; mental health issues; homelessness; information and referral; assisted in training hotline volunteers; worked in shelter doing crisis counseling and support for lodgers; case management for lodgers.

**EDUCATION**

**Springfield College: Master of Science in Human Services with a focus on mental health.**

**CONTRACTOR NAME**

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Laura Byrne	Executive Director	65,906	0	0
Wanda Knudsen	NH Case Manager	52,000	0	0


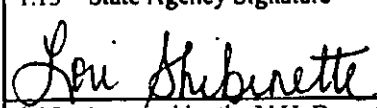
Subject: COVID-19 CARE Program Response (SS-2020-DPHS-21-CAEP-03)

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

**AGREEMENT**

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

**GENERAL PROVISIONS****1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Merrimack Valley Assistance Program, Inc.		1.4 Contractor Address 8 Wall Street Concord, NH 03301	
1.5 Contractor Phone Number (603) 226-0607	1.6 Account Number 05-095-090-9025-2229	1.7 Completion Date December 31, 2020	1.8 Price Limitation \$9,999
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature  Date: 08/19/2020		1.12 Name and Title of Contractor Signatory Elizabeth Posey, Executive Director	
1.13 State Agency Signature  Date: 8/20/2020		1.14 Name and Title of State Agency Signatory Lori Shubinette, Commissioner	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <u>Catherine Pinos</u> On: <u>09/03/20</u>			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

**2. 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 B 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 1.17, 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 1.13 ("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 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 for Services provided in EXHIBIT B, in whole or in part. 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 reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source 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 C 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 applicable 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 employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property 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. The Contractor 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 cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. 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.

## **9. TERMINATION.**

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, 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.

## **10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

10.1 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.

10.2 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.

10.3 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.

**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.**

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment, agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

**13. INDEMNIFICATION.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. 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 continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial 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 or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 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 ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

#### **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. The 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. 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.

**17. 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.

**18. CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

**19. CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

**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 or modifying provisions set forth in the attached EXHIBIT A 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 with respect to the subject matter hereof.





## EXHIBIT A

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### **REVISIONS TO STANDARD CONTRACT PROVISIONS**

#### **1. Revisions to Form P-37, General Provisions**

- 1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to State approval, this Agreement, and all obligations of the parties hereunder, shall become effective the date both parties execute the contract.

- 1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

**EXHIBIT B**



**Scope of Services**

**1. Statement of Work**

- 1.1. The Contractor shall provide services, activities, and supplies statewide to New Hampshire residents living with human immunodeficiency virus (HIV) enrolled in the NH CARE Program and their immediate household members in accordance with the *2020 Coronavirus Aid, Relief and Economic Security Act-P.L. 116-136 (CARES Act)*.
- 1.2. The Contractor shall ensure all services, activities, and purchases supported with funding under this Agreement are utilized to prepare for, prevent, and/or respond to COVID-19 in accordance with the *2020 Coronavirus Aid, Relief and Economic Security Act-P.L. 116-136 (CARES Act)*.
- 1.3. The Contractor shall provide one (1) or more of the following services, activities, and supplies within a service category as outlined in Policy Clarification Notice (PCN) 16-02 [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)
  - 1.3.1. Coordinate meals to individuals through home-delivered meals and meal services.
    - 1.3.1.1. The Contractor shall deliver the following items to individuals when applicable, including, but not limited to:
      - 1.3.1.1.1. Meals.
      - 1.3.1.1.2. Household cleaning supplies.
      - 1.3.1.1.3. Hygiene supplies, including personal protective equipment (PPE).
    - 1.3.2. Provide housing assistance, which includes:
      - 1.3.2.1. Rent payments.
      - 1.3.2.2. Mortgage payments.
      - 1.3.2.3. Utility expenses.
    - 1.3.3. Provide linguistic services to individuals with limited English proficiency (LEP).
      - 1.3.3.1. Provide necessary linguistic services to facilitate communication between the case manager and client.
      - 1.3.3.2. Provide necessary linguistic services to facilitate communication between the support delivery of support services.
    - 1.3.4. Provide access to non-emergency medical transportation services and in accordance with section 1.1. Statement of work to individuals, which includes, but is not limited to:

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- 1.3.4.1. Medical transportation services via voucher system.
- 1.3.4.2. Medical transportation services via ticket system.
- 1.3.4.3. Other allowable medial transportation in accordance with PCN 16-02.
- 1.3.5. Provide telehealth services as outlined in PCN 16-02 and described in Appendix A, CARES Act Telehealth Services.
- 1.4. The Contractor may request modifications to the contract budget to be approved by the Department.
  - 1.4.1. The Contractor shall ensure requested budget modifications are allowable uses of funds to prevent or minimize the impact of COVID-19 pandemic to enrolled NH CARE Program clients and their immediate household members in accordance with the following:
    - 1.4.1.1. PCN 16-02, Ryan White HIV/AIDS Program Service Categories.
    - 1.4.1.2. Health Resources Services Administration (HRSA) CARES Act Supplemental Funding Uses guidance.

**2. Exhibits Incorporated**

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

**3. Reporting Requirements**

- 3.1. The Contractor shall enter each enrolled NH CARE-eligible client and immediate household member who received one (1) service into the CAREWare system.
  - 3.1.1. Individuals who received CARES Act-funded services under multiple service categories must be counted one time in each category as outlined in Appendix C, CAREWare COVID-19 CARES Act Data Collection Instructions.
- 3.2. The Contractor shall submit a report using the Appendix B, New Hampshire Ryan When CARE Program Monthly COVID-19 Data Report (CDR) Form

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template.

- 3.3. All RWAHP Part B service providers receiving CARES Act funding are required to report organizational-level and service-level activity no later than 10 days after the close of every month, to include:
  - 3.3.1. Total de-duplicated clients and immediate household members for each CARES Act-funded HRSA, HAB service category; and
  - 3.3.2. Any use of telehealth for service delivery for any services delivered; and
  - 3.3.3. Any accomplishments, challenges or obstacles to meeting the projected or targeted goals or the contract.

#### **4. Performance Measures**

- 4.1. The Department will monitor Contractor performance by using the following performance measures:
  - 4.1.1. 100% of chart reviews result in zero (0) citations for assessment and service planning standards.
  - 4.1.2. 100% for citations for assessment and service planning will have a corrective action plan developed and approved by the CARE Program within thirty (30) days of receipt of the site visit report.
- 4.2. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 4.3. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.
- 4.4. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

#### **4.5. Impacts Resulting from Court Orders or Legislative Changes**

- 4.5.1. 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 has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 4.5.2. The Contractor shall adhere to all applicable legislative and programmatic requirements in accordance with Ryan White Comprehensive AIDS Resources Emergency (CARE) legislation, administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), excluding the RWHAP Requirements

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**EXHIBIT B**



Waived Under FY 2020 CARES Act Funding (refer to "list of flexibilities").

**4.6. Culturally and Linguistically Appropriate Services (CLAS)**

- 4.6.1. The Contractor shall submit and comply with a detailed description of the language assistance services they will provide to persons with limited English proficiency and/or hearing impairment to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

**4.7. Credits and Copyright Ownership**

- 4.7.1. 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, "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."
- 4.7.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use.
- 4.7.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
- 4.7.3.1. Brochures.
  - 4.7.3.2. Resource directories.
  - 4.7.3.3. Protocols or guidelines.
  - 4.7.3.4. Posters.
  - 4.7.3.5. Reports.
- 4.7.4. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

**4.8. Operation of Facilities: Compliance with Laws and Regulations**

- 4.8.1. 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

**EXHIBIT B**



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.

**4.9. Eligibility Determinations**

- 4.9.1. 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.
- 4.9.2. Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
- 4.9.3. 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.
- 4.9.4. 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. Records**

- 5.1. The Contractor shall keep records that include, but are not limited to:
  - 5.1.1. Books, records, documents and other electronic or physical 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.
  - 5.1.2. All records must 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

**EXHIBIT B**



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.

5.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, 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.

5.1.4. Medical records on each patient/recipient of services.

5.2. 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. 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.

New Hampshire Department of Health and Human Services  
COVID-19 CARE Program Response

EXHIBIT C



Payment Terms

1. This Agreement is funded by:
  - 1.1. 100%, Ryan White HIV/AIDS Program Part B COVID-19 Response, as awarded on 4/1/2020, by Health Resources and Services Administration (HRSA), CFDA 93.917, FAIN# X7CHA36878.
2. For the purposes of this Agreement:
  - 2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.330.
  - 2.2. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
  - 2.3. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits C-1, Budget.
4. The Contractor may be reimbursed for allowable costs dating back to January 20, 2020 for the provision of services specified in Exhibit B Scope of Services.
5. The Contractor shall submit an invoice in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment.
6. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to [DPHSCContractBilling@dhhs.nh.gov](mailto:DPHSCContractBilling@dhhs.nh.gov), or invoices may be mailed to:

Financial Manager  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301
7. 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, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.
8. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.



New Hampshire Department of Health and Human Services  
COVID-19 CARE Program Response

EXHIBIT C



9. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.
10. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.
11. 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 or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
12. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
13. Audits
  - 13.1. The Contractor is required to submit an annual audit to the Department if **any** of the following conditions exist:
    - 13.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
    - 13.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
    - 13.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 13.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
  - 13.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

**New Hampshire Department of Health and Human Services  
COVID-19 CARE Program Response**

**EXHIBIT C**



- 13.4. 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.

New Hampshire Department of Health and Human Services									
Contractor name Merrimack Valley Assistance Program									
Budget Request for: COVID-19 CARE Program Response									
Budget Period: SFY 21									
Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 1,256.00	\$ 125.60	\$ 1,381.60	\$ -	\$ -	\$ -	\$ 1,256.00	\$ 125.60	\$ 1,381.60
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,000.00	\$ 100.00	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 100.00	\$ 1,100.00
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 210.00	\$ 21.00	\$ 231.00	\$ -	\$ -	\$ -	\$ 210.00	\$ 21.00	\$ 231.00
Postage	\$ 499.00	\$ 49.90	\$ 548.90	\$ -	\$ -	\$ -	\$ 499.00	\$ 49.90	\$ 548.90
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 225.00	\$ 22.50	\$ 247.50	\$ -	\$ -	\$ -	\$ 225.00	\$ 22.50	\$ 247.50
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Linguistic Services):	\$ 3,000.00	\$ 300.00	\$ 3,300.00	\$ -	\$ -	\$ -	\$ 3,000.00	\$ 300.00	\$ 3,300.00
13. Other (Food & Nutrition)	\$ 2,000.00	\$ 200.00	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 200.00	\$ 2,200.00
13. Other (Printing & Copying)	\$ 400.00	\$ 40.00	\$ 440.00	\$ -	\$ -	\$ -	\$ 400.00	\$ 40.00	\$ 440.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 9,090.00</b>	<b>\$ 909.00</b>	<b>\$ 9,999.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 9,090.00</b>	<b>\$ 909.00</b>	<b>\$ 9,999.00</b>

Indirect As A Percent of Direct

10.0%



**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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

**ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS**

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

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

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

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
  - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
    - 1.2.1. The dangers of drug abuse in the workplace;
    - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
    - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by Section 1.1.
  - 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.

Contractor Name:

08/19/2020

Date

Name: Elizabeth Posey  
Title: Executive Director



**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: Merrimack Valley Assistance Program

08/19/2020  
Date

  
Name: Elizabeth Posey  
Title: Executive Director



**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

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 (1)(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: Merrimack Valley Assistance Program

08/19/2020

Date

Name: Elizabeth Posey

Title: Executive Director





**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

Vendor Initials EP

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

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: Merrimack Valley Assistance Program

08/19/2020

Date

Name: Elizabeth Posey  
Title: Executive Director

Exhibit G

Vendor Initials EP

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



**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: Merrimack Valley Assistance Program

08/19/2020

Date

Name: Elizabeth Posey

Title: Executive Director



## Exhibit I

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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

---

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

**(1) Definitions.**

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



Exhibit I

- 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



Exhibit I

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

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

**(3) Obligations and Activities of Business Associate.**

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

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

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



## Exhibit I

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

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



## Exhibit I

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

**(4) Obligations of Covered Entity**

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

**(5) Termination for Cause**

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

**(6) Miscellaneous**

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





Exhibit I

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

Lori Shubinette  
Signature of Authorized Representative

Lori Shubinette  
Name of Authorized Representative

Commissioner  
Title of Authorized Representative

8/25/20  
Date

Merrimack Valley Assistance Program

Name of the Contractor

Elizabeth Posey  
Signature of Authorized Representative

Elizabeth Posey  
Name of Authorized Representative

Executive Director  
Title of Authorized Representative

08/19/2020  
Date



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

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

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

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

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

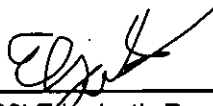
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees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

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

Contractor Name: Merrimack Valley Assistance Program

08/19/2020

Date

  
Name: Elizabeth Posey  
Title: 08/19/2020

New Hampshire Department of Health and Human Services  
Exhibit J



**FORM A**

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

1. The DUNS number for your entity is: 17-194-1834
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?

X 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: _____



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

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



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



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

**DHHS Information Security Requirements**



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.).



**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

DHHS Information Security Requirements



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/doit/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.

DHHS Information Security Requirements



- 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

**DHHS Information Security Requirements**

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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

## CARES Act Telehealth Services

Telehealth has become an important tool for improving access to quality health care during the pandemic. In the Monthly COVID-19 Data Report, report all service categories **whether or not CARES Act funds were used for the service.**

HRSA HAB encourages the use of telehealth to promote access to and continuity of care in a safe way during social distancing. HRSA strongly encourages RWHAP service providers that provide, or are planning to provide health services via telehealth to consult with professional organizations, regulatory bodies, and private counsel to help assess, develop, and maintain written telehealth policies that are compliant with Federal, State, and local requirements and applicable standards of practice.

HRSA encourages RWHAP service providers to consider the range of issues that would support successful implementation of telehealth. As a reminder, PCN #16-02 (PDF - 176 KB) encourages service providers to consider all methods of providing services, including the use of technology (e.g., telehealth).

According to HRSA, **telehealth** is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, client and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

*Note: Telehealth and telemedicine are not interchangeable. Telemedicine is a subset of telehealth and provides clinical services remotely through patient-provider interactions.*

According to HRSA HAB, telehealth can be applied to several service categories such as **OAHS, MCM, NMCM, mental health services, etc.** For example, if you are able to implement the service virtually (e.g., via telephone, videoconference, patient portals, etc.), it can be considered telehealth. If you are able to implement the service virtually (e.g., via telephone, videoconference, patient portals, etc.), it can be considered telehealth.



## Appendix B

### New Hampshire Ryan White CARE Program Monthly COVID-19 Data Report (CDR) Form Fiscal Year 2020-2021

FY 2020-2021 monthly reports will be submitted by email to the Oversight and Monitoring Coordinator, Elizabeth Biron at [Elizabeth.Biron@dhhs.nh.gov](mailto:Elizabeth.Biron@dhhs.nh.gov), by the due dates listed below. Call Elizabeth with any questions at 603.271.6942.

Agency:	
Submitted By:	
Date:	

	CDR Report Title	Month	Due Date
<input type="checkbox"/>	CDR Month 4	August	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 5	September	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 6	October	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 7	November	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 8	December	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 9	January	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 10	February	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 11	March	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 12	April	Day 10 After Report Month
<input type="checkbox"/>	CDR Month 13	May	Day 10 After Report Month

The CDR reporting period is monthly and may be used retroactively beginning January 20, 2020. All RWHAP Part B subrecipients who use FY-2020 CARES Act funding to provide support services to enrolled NH CARE client's, and for immediate household members are required to report organizational-level and service-level services, activities, and supplies as follows:

1. Use of telehealth for service delivery for any services delivered.
2. Total de-duplicated clients **and** immediate household members for each CARES Act-funded HRSA service category in accordance with HIV/AIDS BUREAU POLICY Clarification Notice: [PCN # 16-02 \(PDF – 176 KB\)](#)

#### 1. Organization-level Activities

Indicate which core medical and support services were provided using telehealth **during the reporting period** (for guidance on what defines telehealth, refer to Appendix A, [CARES Act Telehealth Services](#)). Use check box to report all service categories **whether or not CARES Act funds were used for the service**.

## Appendix B

Core Medical Services	
<input type="checkbox"/>	AIDS Drug Assistance Program Treatments
<input type="checkbox"/>	AIDS Pharmaceutical Assistance
<input type="checkbox"/>	Early Intervention Services (EIS)
<input type="checkbox"/>	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
<input type="checkbox"/>	Home and Community-Based Health Services
<input type="checkbox"/>	Home Health Care
<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Medical Case Management, including Treatment Adherence Services
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Mental Health Services
<input type="checkbox"/>	Oral Health Care
<input type="checkbox"/>	Outpatient/Ambulatory Health Services
<input type="checkbox"/>	Substance Abuse Outpatient Care
Support Services	
<input type="checkbox"/>	Child Care Services
<input type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	Food Bank/Home Delivered Meals
<input type="checkbox"/>	Health Education/Risk Reduction
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Linguistic Services
<input type="checkbox"/>	Medical Transportation
<input type="checkbox"/>	Non-Medical Case Management Services
<input type="checkbox"/>	Other Professional Services
<input type="checkbox"/>	Outreach Services
<input type="checkbox"/>	Permanency Planning

### 2. Service Report (Total Clients Served)

In each **CARES Act-funded** HRSA, HIV/AIDS Bureau (HAB) service category, include enrolled NH CARE-eligible clients and immediate household members who received at least one (1) service. Those who received services under multiple service categories must be counted one time in each service category.

Service provided to immediate household members, such as housing assistance for quarantine, should be attributed to the enrolled NH CARE-eligible client (Refer to Appendix C, *CAREWare* COVID-19 CARES Act Data Collection Instructions).

## Appendix B

Support Services	Total Served
Emergency Financial Assistance	
Food Bank/Home Delivered Meals	
Housing	
Linguistic Services	
Medical Transportation	

## Performance

Describe any accomplishments and/or challenges in meeting the projected or targeted goals of the contract:

## Spending

Please complete the table below, including the Fiscal Year Program Budget. Put in the cumulative % of funds spent for each month. Briefly describe spending activity for the month, including any variances in expenditures:

<b>FY20 Program Budget Amount</b>				
	<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>
<b>Total Amount Billed to Date (%)</b>	0%	0%	0%	%
	<b>Month 5</b>	<b>Month 6</b>	<b>Month 7</b>	<b>Month 8</b>
<b>Total Amount Billed to Date (%)</b>	%	%	%	%
	<b>Month 9</b>	<b>Month 10</b>	<b>Month 11</b>	<b>Month 12</b>
<b>Total Amount Billed to Date (%)</b>	%	%	%	%
<b>Agency Narrative:</b>				
<div> <input type="checkbox"/> Technical Assistance Requested         </div>				



## Appendix C

### CAREWare COVID-19 CARES Act Data Collection Instructions

Entering COVID grant service units (Max \$9,999 to be used before 3/31/2021)  
In this example case a food voucher:

1. Go to client's record. Click on Service link on the left. Click Add a Service

The screenshot shows the HRSA Merrimack Valley Assistance Program interface. On the left is a sidebar with a 'Customize' button and a list of menu items: Demographics, Client Report, Encounter Report, Drug Payments, Services, Annual Review, Case Notes, Custom Forms, Vital Signs, Hospital Admissions, Medications, Labs, Screenings, Screening Labs, and Immunizations. The 'Services' item is selected. The main content area has a breadcrumb trail: 'Find Client > Search Results > Demographics > Services > Add Service > Add Service'. Below this are 'Save' and 'Back' buttons. The 'Next' section contains the following fields: 'Client' (Pamela Zabinsky), 'Date' (7/21/2020), 'Service Name' (Food Voucher), 'Contract' (a dropdown menu), 'Units' (a text input field), 'Price' (0.00 \$), and 'Total' (0.00 \$).

2. Select Food Voucher. You will see a choice of two contracts in the next field. Select COVID contract

This screenshot is similar to the previous one, showing the same HRSA interface. However, in the 'Contract' dropdown menu, 'MVAP-Contract1' is selected, and 'MVAP-COVID-Contract' is visible in the list. The 'Units' field is now populated with '1'. The 'Price' remains '0.00 \$' and the 'Total' remains '0.00 \$'.

3. Enter the Units and the Total dollar amount. Click Save.

Merrimack Valley Assistance Program,  
Inc.

Contractor Initials EP



<ul style="list-style-type: none"> <li>Customize</li> <li>Demographics</li> <li>Client Report</li> <li>Encounter Report</li> <li>Drug Payments</li> <li>Services</li> <li>Annual Review</li> <li>Case Notes</li> <li>Custom Forms</li> <li>Vital Signs</li> <li>Hospital Admissions</li> <li>Medications</li> <li>Labs</li> <li>Screenings</li> <li>Screening Labs</li> </ul>	Find Client > Search Results > Demographics > Services > Add Service > Add Service	
	Save Back	
	<b>Next</b>	
	Client:	Pernita Zabisky
	Date:	7/21/2020
	Service Name:	Food Voucher
	Contract:	MVAP-COVID-Contract
	Units:	1
	Price:	50.00 \$
	Total:	50.00 \$

# State of New Hampshire

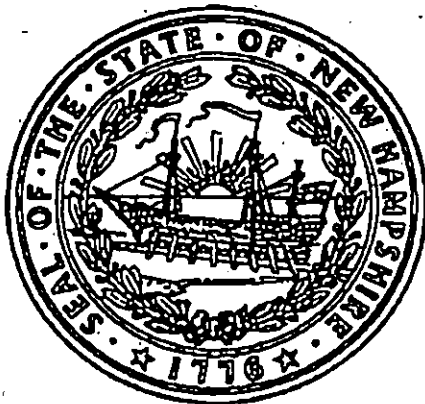
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MERRIMACK VALLEY ASSISTANCE PROGRAM, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 14, 1995. 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: 225153

Certificate Number: 0004441895



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 13th day of March A.D. 2019.

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

---

Business Name:	MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.	Business ID:	225153
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	02/14/1995	Name in State of	MERRIMACK VALLEY
Date of Formation in Jurisdiction:	02/14/1995	Incorporation:	ASSISTANCE PROGRAM, INC.
Principal Office Address:	8 WALL ST, CONCORD, NH, 03301, USA	Mailing Address:	NONE
Citizenship / State of Incorporation:	Domestic/DATA NOT FOUND		
		Last Nonprofit Report Year:	2015
		Next Report Year:	2020
Duration:	Not Stated		
Business Email:	NONE	Phone #:	NONE
Notification Email:	NONE	Fiscal Year End Date:	NONE

---

### Principal Purpose

---

S.No	NAICS Code	NAICS Subcode
1	Health Care and Social Assistance	Other Individual and Family Services
2	NOT REQUIRED	

---

## Principals Information

---

Name/Title	Business Address
Michael Mortimer / President	8 Wall Street, Concord, 03301, USA
Ellen Molner / Director	8 Wall Street, Concord, 03301, USA

---

Page 1 of 1, records 1 to 2 of 2

---

## Registered Agent Information

---

Name: Not Available

Registered Office Not Available  
Address:

Registered Mailing Not Available  
Address:

---

## Trade Name Information

---

Business Name	Business ID	Business Status
GREATER MANCHESTER AIDS PROJECT (/online/BusinessInquire/TradeNameInformation? businessID=146611)	482108	Expired
Lakes Region AIDS Project (/online/BusinessInquire/TradeNameInformation? businessID=447740)	631422	Expired
LAKES REGION AIDS PROJECT (/online/BusinessInquire/TradeNameInformation? businessID=50502)	230109	Expired
MERRIMACK VALLEY ASSISTANCE PROGRAM (/online/BusinessInquire/TradeNameInformation? businessID=56014)	230111	Expired
MERRIMACK VALLEY AIDS PROJECT (/online/BusinessInquire/TradeNameInformation? businessID=80262)	319679	Expired

---



NEW HAMPSHIRE  
DEPARTMENT OF STATE

SECRETARY OF STATE  
WILLIAM M. GARDNER

Search Business Names

Back to Home

Search Result

Business Name	Business ID	Homestate Name	Previous Name	Business Type	Principal Office Address	Registered Agent Name	Status
MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.	225153	MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.	MERRIMACK VALLEY AIDS PROJECT, INC.	Domestic Nonprofit Corporation	8 WALL ST, CONCORD, NH, 03301, USA	N/A	Good Standing

Business Information

Business Details

Business Name: MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.  
Business ID: 225153  
Business Type: Domestic Nonprofit Corporation  
Business Status: Good Standing  
Business Creation Date: 02/14/1995  
Name in State of Incorporation: MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.  
Date of Formation in Jurisdiction: 02/14/1995  
Principal Office Address: 8 WALL ST, CONCORD, NH, 03301, USA  
Mailing Address: NONE  
Citizenship / State of Incorporation: Domestic/DATA NOT FOUND  
Last Nonprofit Report Year: 2015  
Next Report Year: 2020  
Duration: Not Stated  
Business Email: NONE  
Phone #: NONE  
Notification Email: NONE  
Fiscal Year End Date: NONE

Filing History

Back to Home

Business Name		Business ID		
MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.		225153		
Filing #	Filing Date	Effective Date	Filing Type	Annual Report Year
0004921854	05/20/2020	05/20/2020	Trademark D/B/A Expiration Notice	N/A
0004776123	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0004550357	07/12/2019	07/12/2019	Trademark D/B/A Expiration Notice	N/A
0003170665	10/06/2015	10/06/2015	Nonprofit Report	2015

CERTIFICATE OF AUTHORITY

I, MICHAEL R. MORTIMER, PRES. of MVAP, 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~~ PRESIDENT of MERRIMACK VALLEY ASSISTANCE PROGRAM  
(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 AUG. 11, 2020, at which a quorum of the Directors/shareholders were present and voting.  
(Date)

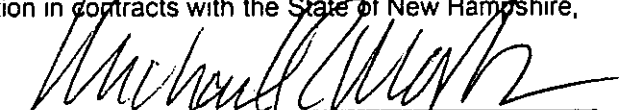
VOTED: That ELIZABETH POSEY, EXECUTIVE DIRECTOR (may list more than one person)  
(Name and Title of Contract Signatory)

is duly authorized on behalf of MERRIMACK VALLEY ASSISTANCE PROGRAM 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: 8/26/2020

  
Signature of Elected Officer  
Name: MICHAEL R. MORTIMER  
Title: PRESIDENT, MERRIMACK VALLEY ASSISTANCE PROGRAM



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/24/2020

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).

<b>PRODUCER</b> E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	<b>CONTACT NAME:</b> Eleanor Spinazzola	
	<b>PHONE (A/C, No, Ext):</b> (603) 293-2791 <b>FAX (A/C, No):</b> (603) 293-7188	
	<b>E-MAIL ADDRESS:</b> Eleanorspinazzola@esinsurance.net	
<b>INSURED</b> Merrimack Valley Assistance Program Inc. 8 Wall Street Concord NH 03301	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Philadelphia Insurance Co	
	<b>INSURER B:</b> Wesco Insurance Co	25011
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: 2020

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK2126246	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	<b>AUTOMOBILE LIABILITY</b>			PHPK2126246	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB720048	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WWC3477578	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

## CERTIFICATE HOLDER

## CANCELLATION

NH Dept of Health & Human Services Bureau of  
Contracts & Procurement  
129 Pleasant Street  
Concord NH 03301

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

AUTHORIZED REPRESENTATIVE

*Timothy Kennedy*

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## **MERRIMACK VALLEY ASSISTANCE PROGRAM**

### **Mission Statement**

**Merrimack Valley Assistance Program (MVAP) is a non-profit, community-based HIV/AIDS Service Organization helping persons living with HIV/AIDS and their dependents. Its mission is to provide, or help clients gain access to; essential services such as safe and affordable housing, adequate food and nutrition supplements, proper medical and dental care, and behavioral health services, as well as to provide education to the community-at-large.**

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**

**Financial Statements**

**June 30, 2019 and 2018**

**and**

**Independent Auditor's Report**

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**FINANCIAL STATEMENTS**  
**June 30, 2019 and 2018**

**TABLE OF CONTENTS**

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Statements of Functional Expenses	5-6
Statements of Cash Flows	7
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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors.  
Merrimack Valley Assistance Program, Inc.

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Merrimack Valley Assistance Program, Inc., which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

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

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

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

*Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Merrimack Valley Assistance Program, Inc., as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Vashon Clukay & Company PC*

Manchester, New Hampshire  
December 19, 2019

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**Statements of Financial Position**  
**June 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
<b>CURRENT ASSETS:</b>		
Cash	\$ 5,115	\$ 53,675
Grants and contracts receivable	148,096	100,522
Accounts receivable	2,440	1,155
Prepaid expenses		806
<b>TOTAL CURRENT ASSETS</b>	<u>155,651</u>	<u>156,158</u>
<b>NONCURRENT ASSETS:</b>		
Property, building and equipment (net)	150,754	147,984
<b>TOTAL NONCURRENT ASSETS</b>	<u>150,754</u>	<u>147,984</u>
<b>TOTAL ASSETS</b>	<u>\$ 306,405</u>	<u>\$ 304,142</u>
<b>CURRENT LIABILITIES:</b>		
Accounts payable	\$ 19,576	\$ 10,976
Accrued payroll	6,951	4,800
Accrued vacation time	5,529	5,023
Line of credit payable	12,000	
Current portion note payable	6,087	5,810
Refundable advances	54,092	57,692
<b>TOTAL CURRENT LIABILITIES</b>	<u>104,235</u>	<u>84,301</u>
<b>NONCURRENT LIABILITIES:</b>		
Note payable, net of current portion	147,450	153,627
<b>TOTAL NONCURRENT LIABILITIES</b>	<u>147,450</u>	<u>153,627</u>
<b>TOTAL LIABILITIES</b>	<u>251,685</u>	<u>237,928</u>
<b>NET ASSETS:</b>		
Without donor restrictions:		
Undesignated	54,720	66,214
<b>TOTAL NET ASSETS</b>	<u>54,720</u>	<u>66,214</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 306,405</u>	<u>\$ 304,142</u>

*See notes to financial statements*

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.****Statements of Activities**

For the Years Ended June 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<b>CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>		
<b>SUPPORT AND REVENUE:</b>		
Grants and contracts	\$ 978,892	\$ 1,037,490
Rental income	19,500	19,200
Other revenue	2,222	749
Contributions	<u>1,602</u>	<u>2,167</u>
<b>TOTAL SUPPORT AND REVENUE WITHOUT DONOR RESTRICTIONS</b>	<u>1,002,216</u>	<u>1,059,606</u>
<b>EXPENSES:</b>		
Program services:		
Case management	<u>911,548</u>	<u>964,269</u>
<b>TOTAL PROGRAM SERVICES</b>	<u>911,548</u>	<u>964,269</u>
Supporting services:		
Management and general	<u>102,162</u>	<u>96,561</u>
<b>TOTAL SUPPORTING SERVICES</b>	<u>102,162</u>	<u>96,561</u>
<b>TOTAL EXPENSES</b>	<u>1,013,710</u>	<u>1,060,830</u>
<b>(DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	<u>(11,494)</u>	<u>(1,224)</u>
<b>CHANGE IN NET ASSETS</b>	<u>(11,494)</u>	<u>(1,224)</u>
<b>NET ASSETS - Beginning</b>	<u>66,214</u>	<u>67,438</u>
<b>NET ASSETS - Ending</b>	<u>\$ 54,720</u>	<u>\$ 66,214</u>

See notes to financial statements

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**Statement of Functional Expenses**  
**For the Year Ended June 30, 2019**

	Program Services <u>Case Management</u>	Supporting Services <u>Management and General</u>	Total <u>Expenses</u>
<b>SALARIES AND RELATED EXPENSES:</b>			
Salaries and Wages	\$ 297,173	\$ 45,195	\$ 342,368
Contract Labor	61,470		61,470
Total Salaries and Wages	358,643	45,195	403,838
Payroll Taxes	21,960	721	22,681
Fringe Benefits	67,445	4,532	71,977
Total Taxes and Benefits	89,405	5,253	94,658
<b>TOTAL PERSONNEL</b>	<b>448,048</b>	<b>50,448</b>	<b>498,496</b>
<b>OTHER EXPENSES:</b>			
Depreciation		7,477	7,477
Dues/Subscriptions	2,626		2,626
Educational	3,394		3,394
Equipment Leases	4,308		4,308
Housing/Utility Assistance	344,439		344,439
Insurance	9,749	5,333	15,082
Interest	7,945	225	8,170
Meals and Food Supplies	35,733		35,733
Miscellaneous		192	192
Office Supplies/Expenses	8,439	204	8,643
Postage	990	96	1,086
Printing and Copying	540		540
Professional Fees	3,600	4,000	7,600
Equipment Maintenance and Repair	2,730	578	3,308
Apartment Maintenance and Repair	303		303
Space and Occupancy	17,106	31,250	48,356
Supportive Services	6,354		6,354
Telephone/Internet	5,256	2,312	7,568
Transportation/Travel	9,988	47	10,035
<b>TOTAL NON-PERSONNEL</b>	<b>463,500</b>	<b>51,714</b>	<b>515,214</b>
<b>TOTAL EXPENSES</b>	<b>\$ 911,548</b>	<b>\$ 102,162</b>	<b>\$ 1,013,710</b>

*See notes to financial statements*



**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**Statement of Functional Expenses**  
**For the Year Ended June 30, 2018**

	Program Services <u>Case Management</u>	Supporting Services <u>Management and General</u>	Total <u>Expenses</u>
<b>SALARIES AND RELATED EXPENSES:</b>			
Salaries and Wages	\$ 270,296	\$ 22,520	\$ 292,816
Agency Sub-contracts	71,789		71,789
Contract Labor	4,500		4,500
Total Salaries and Wages	346,585	22,520	369,105
Payroll Taxes	14,640	1,303	15,943
Fringe Benefits	64,211	12,117	76,328
Total Taxes and Benefits	78,851	13,420	92,271
<b>TOTAL PERSONNEL</b>	<b>425,436</b>	<b>35,940</b>	<b>461,376</b>
<b>OTHER EXPENSES:</b>			
Depreciation		6,980	6,980
Dues/Subscriptions	1,261		1,261
Educational	3,644		3,644
Equipment Leases	4,948		4,948
Fundraising		805	805
Housing/Utility Assistance	421,071		421,071
Insurance	9,366	8,130	17,496
Interest	2,720	5,516	8,236
Meals and Food Supplies	35,658		35,658
Miscellaneous		3,397	3,397
Office Supplies/Expenses	10,621	104	10,725
Postage	1,008	43	1,051
Printing and Copying	510		510
Professional Fees	3,500	3,470	6,970
Equipment Maintenance and Repair	3,323		3,323
Apartment Maintenance and Repair	153		153
Space and Occupancy	12,362	29,870	42,232
Supportive Services	9,504		9,504
Telephone	3,667	2,185	5,852
Technical Assistance	5,213		5,213
Transportation/Travel	10,304	121	10,425
<b>TOTAL NON-PERSONNEL</b>	<b>538,833</b>	<b>60,621</b>	<b>599,454</b>
<b>TOTAL EXPENSES</b>	<b>\$ 964,269</b>	<b>\$ 96,561</b>	<b>\$ 1,060,830</b>

*See notes to financial statements*

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**Statements of Cash Flows**  
**For the Years Ended June 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ (11,494)	\$ (1,224)
Adjustments to reconcile change in net assets to net cash (used) by operating activities:		
Depreciation	7,477	6,980
Net effect of changes in:		
Receivables	(48,859)	(15,345)
Prepaid expenses	806	1,057
Accounts payable	8,600	(3,433)
Accrued payroll	2,151	
Accrued vacation time	506	5,023
Net cash (used) by operating activities	<u>(40,813)</u>	<u>(6,942)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of equipment	<u>(10,247)</u>	
Net cash (used) for investing activities	<u>(10,247)</u>	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Proceeds on line of credit payable	12,000	
Payments on note payable	(5,900)	(5,609)
Payments on refundable advances	<u>(3,600)</u>	<u>(3,600)</u>
Net cash provided (used) by financing activities	<u>2,500</u>	<u>(9,209)</u>
<b>NET DECREASE IN CASH</b>	(48,560)	(16,151)
<b>CASH - Beginning</b>	<u>53,675</u>	<u>69,826</u>
<b>CASH - Ending</b>	<u>\$ 5,115</u>	<u>\$ 53,675</u>
<b>Supplemental Disclosures:</b>		
Interest paid	<u>\$ 8,170</u>	<u>\$ 8,236</u>

*See notes to financial statements*

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
For the Years Ended June 30, 2019 and 2018

**NOTE 1—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Nature of Activities*

Merrimack Valley Assistance Program, Inc. (the Organization) was organized as a nonprofit entity under Section 501(c)(3) of the Internal Revenue Code. The Organization is a non-profit entity organized for the purpose of providing a variety of supportive services and housing assistance to persons with certain infectious diseases. The Organization includes Greater Manchester AIDS Project, which was formed to provide support and assistance to HIV/AIDS affected individuals and their families in the greater Manchester, New Hampshire, area, and which was acquired by the Organization in 2000. The Organization receives most of its support from government grants and private donations.

The accounting policies of Merrimack Valley Assistance Program, Inc. conform to accounting principles generally accepted in the United States of America as applicable to nonprofit entities except as indicated hereafter. The following is a summary of significant accounting policies.

*Basis of Presentation*

The financial statements have been prepared in accordance with the reporting pronouncements pertaining to Not-for-Profit Entities included within the FASB Accounting Standards Codification. The Organization is required to report information regarding its financial position and activities according to the following net asset classifications:

Net Assets Without Donor Restrictions – Not assets available for use in general operations and not subject to donor or certain grantor restrictions.

Net Assets With Donor Restrictions – Net assets subject to donor or certain grantor imposed restrictions. Some donor imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

*Basis of Accounting*

The financial statements have been prepared on the accrual basis of accounting.

*Recognition of Donor Restrictions*

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional.

The Organization reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
For the Years Ended June 30, 2019 and 2018

without donor restrictions and reported in the statements of activities as net assets released from restrictions.

***Cash and Cash Equivalents***

For the purposes of the Statements of Cash Flows, the Organization considers cash and cash equivalents to include cash on hand and other cash accounts with an original maturity of 90 days or less.

***Property and Equipment***

Property and equipment is recorded at cost for purchased items. Donated property and equipment is recorded at fair value as of the date of the donation. The Organization's policy is to capitalize assets purchased, built, or leased with a useful life of one year or greater and a cost of \$1,000 or more or expenditures for repairs or renovations of \$1,000 or more that extend the life of the asset. Maintenance and repairs are charged to expenses as incurred. Depreciation is computed using the straight-line method over estimated three to forty-year lives for property and equipment. Depreciation expense was \$7,477 and \$6,980 for the years ending June 30, 2019 and 2018, respectively.

***Bad Debts***

The Organization uses the reserve method for accounting for bad debts. It is the Organization's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. No allowance has been recorded for the years ending June 30, 2019 and 2018, because management of the Organization believes that all outstanding receivables are fully collectible.

***Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures during the reporting period. Accordingly, actual results could differ from those estimates.

***Functional Allocation of Expenses***

The costs of program and supporting services have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function.

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Accordingly, certain indirect costs have been allocated among the programs and supporting services benefited. The Organization allocates salaries and wages, payroll taxes, and fringe benefit expenses based on time and effort. All other indirect costs, including professional services, insurance, occupancy, and telephone expenses, are allocated to program services and general administration based on allowability of costs and availability of resources.

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
For the Years Ended June 30, 2019 and 2018

*Income Taxes*

The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and is also exempt from State of New Hampshire income taxes and, therefore, has made no provision for Federal or State income taxes. In addition, the Organization has been determined by the Internal Revenue Service not to be a "Private Foundation" within the meaning of Section 509(a) of the Code. The Organization is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. FASB Accounting Standards Codification Topic 740 entitled *Accounting for Income Taxes*, requires the Organization to report uncertain tax positions for financial reporting purposes. The Organization had no uncertain tax positions as of June 30, 2019 and, accordingly does not have any unrecognized tax benefits that need to be recognized or disclosed in the financial statements.

*Fair Value of Financial Instruments*

Cash, grants and contracts receivable, accounts receivable, accounts payable and accrued expenses are carried in the financial statements at amounts which approximate fair value due to the inherently short-term nature of the transactions. The fair values determined for financial instruments are estimates, which for certain accounts may differ significantly from the amount which could be realized upon immediate liquidation.

*Change in Accounting Principle*

On August 18, 2016, FASB issued Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has implemented ASU 2016-14 and has adjusted the presentation in these financial statements accordingly.

**NOTE 2—LIQUIDITY AND AVAILABILITY**

The Organization regularly monitors the availability of resources required to meet its operating needs and other contractual commitments.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing programs and activities as well as the conduct of services undertaken to support those activities to be general expenditures.

The following table reflects the Organization's financial assets as of June 30, 2019 and 2018, reduced by amounts that are not available to meet general expenditures within one year of the statement of financial position date because of donor restrictions.

Financial assets available for general expenditure within one year of the statement of financial position date, comprise the following:

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
For the Years Ended June 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash	\$ 5,115	\$ 53,675
Grants and contracts receivable	148,096	100,522
Accounts receivable	<u>2,440</u>	<u>1,155</u>
Total Financial Assets	155,651	155,352
Less:		
Net assets with donor restrictions	<u>-</u>	<u>-</u>
Financial Assets Available to Meet Cash Needs for General Expenditures Within One Year	<u>\$ 155,651</u>	<u>\$ 155,352</u>

In the event of an unanticipated liquidity need, the Entity also could draw upon \$16,000 of its available line of credit, as further discussed in Note 7.

**NOTE 3—SIGNIFICANT CONCENTRATIONS OF CREDIT RISK**

The Organization maintains its cash balances at local financial institutions located in New Hampshire. The balances are insured by the Federal Deposit Insurance Corporation up to a combined total of \$250,000 per financial institution as of June 30, 2019. The bank balances may, at times, materially exceed federally insured limits. The Organization has not experienced any losses on such accounts. The Organization had no uninsured cash balance as of June 30, 2019.

**NOTE 4—GRANTS RECEIVABLE AND REVENUE RECOGNITION**

Major funding sources and related receivables for the periods ending June 30, 2019 and 2018 are as follows:

	<u>2019</u>		<u>2018</u>	
	<u>Revenue</u>	<u>Receivable</u>	<u>Revenue</u>	<u>Receivable</u>
Housing and Urban Development	\$ 567,369	\$ 79,982	\$ 613,963	\$ 63,439
Other Human Services Grants	205,779	48,600	233,642	21,310
Health and Human Services	154,894	16,246	136,035	11,884
State Grant in Aid	50,850	3,268	50,850	3,889
Other miscellaneous grants			3,000	
	<u>\$ 978,892</u>	<u>\$ 148,096</u>	<u>\$ 1,037,490</u>	<u>\$ 100,522</u>

**NOTE 5—PROPERTY, BUILDING AND EQUIPMENT**

Property, building and equipment consist of the following at June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Land	\$ 41,117	\$ 41,117
Building and improvements	232,708	225,257
Furniture and equipment	<u>16,935</u>	<u>14,139</u>
	290,760	280,513
Less accumulated depreciation	<u>(140,006)</u>	<u>(132,529)</u>
	<u>\$ 150,754</u>	<u>\$ 147,984</u>

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
For the Years Ended June 30, 2019 and 2018

**NOTE 6—NOTE PAYABLE**

Notes payable at June 30, 2019 and 2018 consist of the following:

	<u>2019</u>	<u>2018</u>
Note payable to a bank, bearing a variable interest rate, determined every three years, at the Federal Home Loan Bank Boston prime rate plus 3.50%, currently 5.00%; collateralized by a first mortgage on real property and certain bank accounts, due in monthly principal and interest payments, currently \$1,138, maturing October 31, 2035.	\$ 153,627	\$ 159,437
Less current portion	<u>(6,087)</u>	<u>(5,810)</u>
	<u>\$ 147,540</u>	<u>\$ 153,627</u>

Future maturities of notes payable as of June 30, 2019 are as follows:

Year Ended	<u>Amount</u>
<u>June 30,</u>	
2020	\$ 6,087
2021	6,419
2022	6,748
2023	7,093
2024	7,439
Thereafter	<u>119,841</u>
	<u>\$ 153,627</u>

The Organization incurred \$8,170 and \$8,236 in interest expense on the notes payable during the years ended June 30, 2019 and 2018, respectively.

**NOTE 7—LINE OF CREDIT**

The Organization has a revolving line of credit with its primary bank in the amount of \$28,000 with a variable interest rate at June 30, 2019 and 2018 of 6.00% and 5.75%, respectively. The line is secured by a mortgage on the Organization's real property. The balance due and payable on demand as of June 30, 2019 and 2018 was \$12,000 and \$0, respectively.

**NOTE 8—REFUNDABLE ADVANCES**

In previous years a private individual issued the Organization various non-interest-bearing advances with no specific repayment terms. The balance of the Organization's refundable advances under these agreements is \$54,092 and \$57,692 at June 30, 2019 and 2018, respectively. The amount repaid to the individual from the Organization was \$3,600 during June 30, 2019 and 2018.

**MERRIMACK VALLEY ASSISTANCE PROGRAM, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
For the Years Ended June 30, 2019 and 2018

**NOTE 9—LEASE COMMITMENTS**

The Organization is a tenant at will for its office space in Manchester, New Hampshire. Rental expense for the rental lease during 2019 and 2018 was \$39,300 and \$35,875, respectively.

**NOTE 10—COMMITMENTS AND CONTINGENCIES**

*Contracts with AIDS Service Organizations*

The Organization has contracted with several AIDS service organizations to deliver services in various parts of the State of New Hampshire into fiscal year 2020. These commitments total approximately \$45,446 at June 30, 2019.

*Federal Grants*

The Organization receives funds under contracts from State and Federal sources, which require that the Organization use the funds within certain periods and for purposes specified by governing laws and regulations. If expenses should be found not to have been made in compliance with the laws and regulations, the Organization might be required to repay the funds.

No provisions have been made for these contingencies because specific amounts, if any, have not been determined or assessed by government audits as of June 30, 2019.

**NOTE 11—ECONOMIC DEPENDENCY**

For each of the years ended June 30, 2019 and 2018, approximately 98% of the Organizations total support and revenue was derived from five individual grants and contracts. The discontinuation of these grants and contracts would result in a decrease in services provided by the Organization, until alternative revenues could be obtained.

**NOTE 12—SUBSEQUENT EVENTS**

Subsequent events have been evaluated through December 19, 2019 which is the date the financial statements were available to be issued.



MERRIMACK VALLEY ASSISTANCE PROGRAM

OFFICERS & DIRECTORS

2019-2020

Chairman	Michael Mortimer, Esq	Manchester, NH
Vice Chairman/Treasurer	Ellen H. Molnar, CFP	Meredith, NH
Secretary	Jamie Campbell	Meredith, NH
Board Member	James R. MacKay, PhD	Concord, NH
Board Member	Susan Irving, RN, MPH, BSHE, CIC	Belmont, NH

## Elizabeth Posey

### Education

- MS in Research and Statistical Methods, May 2011, Southern Connecticut State University, New Haven, CT
- MBA Business Analytics, August 2018, California University of Pennsylvania
- BA in Psychology, January 2003, Western Connecticut State University, Danbury, CT
- Graduate Marketing Certificate, December 2011, Sacred Heart University, Fairfield, CT

### Experience

#### Merrimack Valley Assistance Program

November 2019- Current

##### Executive Director

- Direct day to day operations in a manner that ensures the health, safety and satisfaction of both clients and staff. This includes the planning, implementation and evaluation of the organization's programs and services.
- Direct the activities of all agency staff and evaluate staff performance. This includes recruiting, hiring, providing orientation, supervision, training, discipline and termination.
- Maintain ongoing open communication with staff to keep them informed. Ensure all staff are part of the decision making as much as possible. Focus on creating positive work environments that offers quality care and has a stable workforce.
- Encourage staff to participate in outside trainings and conferences which increase their skills and allow for professional growth. Obtain outside trainers to come to the agency.
- Ensure the organization complies with all government (state and federal) rules and regulations.
- Work with all other ASO's (Aids Service Organizations) in the state and with NH CARE program on the Quality Planning committee.
- Spearheaded fundraising efforts including working with area businesses and toys for tots to ensure the agency families have Christmas gifts. Added the agency to the NH Gives campaign for the first time.
- Ensures the Board receive timely and accurate reports about finance and operations including each grant invoice, profit and loss report, bank reconciliations and statements, report showing how much has been spent each month from each grant and how much is remaining.
- Author grant proposals for all new grants found as well as grant renewals. Secured approximately \$320,000 in new funding.
- Oversee the grants held by the agency, author quarterly reports and annual reports. Oversee the HOPWA grant which is subcontracted out to all ASOs in the state. Prepare, calculate and invoice the grants monthly. Maintain HMIS (HOPWA database).
- Prepare the agency for audits from HUD, NH Care, Boston Public Health and other funding sources and stakeholders
- Create and monitor agency budget and the individual grant budgets.
- Monitor agency financial performance and author grant revisions to move funds as needed to accomplish agency goals and fulfill client needs.
- Revise employee handbook including creating new policies and procedures and updating others.
- Authored agency Disaster Plan, Infectious Disease Control Policy and a Short-Term Telecommuting agreement in addition to transitioning the agency to telework during the COVID-19 pandemic. Secured emergency grant funding during the pandemic to support the client's emergency needs including food, rent, mortgage and utility assistance. Secured Paycheck Protection Program funds (PPP) for the agency.
- Creating new forms and tracking systems for HR, fiscal and case management.
- Perform some case management including intakes, re-enrollment and crisis work.
- Maintain a public presence in the community through sitting on committees, networking events, conferences, and general involvement.
- Develop and sustains collaborations with other organizations within the communities of each office.
- Work collaboratively with state and federal government agencies, hospitals, medical providers, and all other service providers to advocate for client's needs and work on meeting those needs.

#### Fidelity House Human Services

July 2018-October 2019

##### Senior Program Director Supported Homecare

- Oversee the Supported Home care department which consists of: Shared Living, Adult Foster Care and Independent Support Services (ISS)
- Supervise the management teams including Directors of the departments within Supported Home care
- Acting Director of Shared Living 12/18-7/19, Acting Director of ISS 7/18-9/19
- Write policies and procedures for departments as needed independently or in conjunction with department

- Directors. Authored all policies and procedures for ISS
- Manage and monitor budgets and grants for all departments within the division
- Complete monthly billing for ISS and Shared Living based on contracted state hours for individuals served while acting Director for each division.
- Trained the Directors in their roles
- Author staff trainings and network with community to obtain outside trainers to increase staff skill sets
- Network with other agencies to stay abreast of things going on within the community and field
- Work with the state and insurance companies regarding individual client welfare, budgets, hours of service and other areas of their lives
- Conduct staff supervision and case consultations for ISS and Shared Living departments, assist with case consultations for Adult Foster Care as needed. Provide clinical supervision to Directors and management team
- Rotational On-Call support for ISS (7/2018-7/2019) and AFC. 24/7 on call support for Shared Living (12/2018-7/2019), ISS 24/7 on-call support (7/2019-current)
- Payroll for all department management teams and reviewing all staff payroll to ensure it matches AWARDS notes
- Monitor and approve expense reports, travel and other reimbursements
- Crisis support provided as needed to each team
- Project Management for License audits through Department of Developmental Services and CARF accreditation
- Use of AWARDS and Therap to monitor staff case notes, run reports including those used for billing.
- Revised or created all forms in Shared Living and ISS including creating a new intake assessment.
- Pre-screen all applicants, schedule and conduct all rounds of interviews for ISS and Shared Living 12/18-7/19 independently and after 7/19 with Director for Shared Living and after 9/19 with Director for ISS
- Completed management team performance evaluations and remediation plans as needed
- Completed performance evaluations for Shared Living. Rep Payces and ISS while acting Director for the teams with remediation plans as needed

#### Community Bridges

January 2018-July 2018

#### START Coordinator

- Provide case management in the START program to individuals with ID (intellectual disability) and MI (mental illness)
- Provide systemic consultation by coordinating resources based on individual needs
- Prepare agenda and document outcomes for individual mentoring session held with the START Center
- Establish and maintain linkages and relationships with community partners
- Assist with referrals for consultation and treatment as needed
- Development of comprehensive service evaluation, cross systems crisis plans, intake/assessments, intervention and outcomes plans for respite admissions or inpatient hospital admissions and any other applicable documentation of services provided
- Ensure the coordination of support meetings and crisis plans for individuals served through START
- Participate in recurring meetings with START leadership, clinical education team (provide case presentations on rotation) and respite program
- Provide home visits, visits to day and vocational settings as needed
- Rotate on-call for emergency support
- Maintain active caseload of approximately 30 individuals
- In one year training program for the National Start Coordinator certification

#### A Bridge to Independence

June 2016- January 2018

#### Operations Manager

March 20, 2017 – January 2018

- Responsible for ensuring and improving the performance, productivity, efficiency and profitability of departmental and organizational operations through the provision of effective methods and strategies. This includes but is not limited to unit utilization, staff billing, travel, expense reports in addition to monitoring consumer budgets, reviewing all increases and decreases, consumer travel among other tasks.
- Supervise a team of Service Coordinators and one Lead Coordinator. Assist in empowering them to provide superior service to physically disabled adults. The consumers may have multiple diagnosis including any combination of physical disabled, intellectual disabilities, recovering addicts (drug or alcohol) and mental illness adults throughout Western PA. The primary focus for the Service Coordinators is to ensure the consumer can stay within their home and community while ensuring their health, safety and welfare needs are met.
- Responsible for interviewing, hiring, training and firing of staff. The onboarding process includes both book work and hands on training prior to job shadowing. I oversee the training process and coordinate it with other staff to ensure the new hire is exposed to multiple case managers styles/ techniques prior to independently going into the field. The disciplinary process includes creating Individual Performance Plans in order to target the weak areas and re-train the staff while assisting them to catch up on their workload. This method is used to increase retention

of skilled staff who were underperforming.

**Service Coordinator (Case Management services at nonprofit)**

June 2016-March 2017

- Engage individuals and their families in the development of Individual Service Plans that assure the needs of the consumers are addressed, goals are developed, and life opportunities expanded
- Conduct re-certification assessments to ensure consumer remains eligible for state Medicaid services.
- Administer new client intakes and assessments for my caseload.
- Assess the consumers' environment for safety, evaluate if home modifications or specialized medical equipment will enable the consumer to live safer, more independently or have a higher quality of life
- Make referrals to obtain services, therapies, medical equipment, supplies that are covered by the PA waivers and non-waiver services based on consumer preference, needs and choice
- Coordinate and monitor the provision of services and supports including number of hours per week for each consumer to ensure the quality of service as well as accurate delivery of service based on the ISP
- Work with adult protective services as needed.
- On-call rotations during day shift as well as nights and weekend.
- Daily Service Notes regarding case in HCSIS for every consumer served
- Currently serve the elderly, physically disabled and TBI populations. Some individuals have co-occurring mental health disorders.

**Family Behavioral Resources**

**Therapeutic Staff Support (TSS)**

September 2013 – June 2016

- Provide one-to-one treatment interventions to children and adolescents in home, school or community setting.
- Support and assist parent or responsible adult with supervision, implementing behavioral interventions, providing therapeutic structure and limit setting for the child.
- Following treatment plan provide interventions to assist the child in developing age-appropriate daily living skills, social and cultural interaction skills within home, community and school settings.
- Served children 3 – 12 years old with ODD, ADHD, Autism Spectrum disorder, Asperger's, PTSD, Reactive Attachment Disorder/ RAD, Depression, Bipolar, Anxiety..

**Stop & Shop Companies**

**Assistant Customer Service Department Head**

1996- May 2013

- Coordinated and supervised activities of workers in the front end, remedied customer concerns while supplying fast and friendly customer service. Maintained cashier records, auditing up to 14 cash drawers per shift.
- Trained and supervised cashiers and assistant customer service department heads in all aspects of job responsibilities.

**Independent Social Media Consultant**

July 2009-July 2014

**Digital Marketing Consultant (August 2012 – July 2014)**

- Authored marketing and business plans
- Created all Social Media sites (Twitter, Facebook, Instagram, and Etsy) and delivered to clients
- Optimized SEO for website and e-commerce using Google Analytics and Google AdWords
- Created Social Media campaign on Facebook, Twitter, Instagram and Etsy

**Social Media Consultant (July 2011 – August 2012), "Fresh"**

- Created demographics reports analyzing fan base and target audience reach in real time
- Collect and analyze all Social Media Site information for the rapper "Fresh"

**Marketing Specialist & Creative Adviser (December 2009 – June 2011), *The Foundation*, Singapore**

- Created online marketing strategies to advertise events and new music, and conducted brand research using a variety of tools including Tweet Reach, Facebook insight, Youtube insight, GetClicky.com and Google Analytics.
- Co-Produced 13 songs, executed new album release, and increased fan base through *Reverb Nation* and *Boondizzle* for Syed "Don M" Muhammad
- Created an iTunes/iPad application that includes blogs, music and videos for the entire album
- Networked with record labels and musicians to increase the number of artists using *The Foundations* instrumentals/beats and increased global collaborations. Sold numerous tracks to DJs, rappers, and labels in NYC, California, and Singapore.

**Market Research Analyst Intern (July 2011 – June 2012), *The Sweat Party*, NYC**

- *The Sweat Party* had very poor attendance at their health, fitness, and wellness events
- Created, administered, and analyzed custom surveys that I developed and implemented on SurveyMonkey to gauge audience interest in various health topics
- Based on the survey research and evaluation of different marketing campaigns within social media, I produced a comprehensive yet easily understood set of reports and action plans

**Talent Coordinator**

July 2011 – August 2012

- Managed all artist collaborations, DJ hosts, showcases, and bookings for the rapper "Fresh"

- Set up artist collaborations, dj hosts for the mixtape, apply to showcases, set up booking for events and tours.
- Coordinate the photographer and videographer for events and videos including helping to come up with content for the videos.
- Work with PR person developing the marketing plan and executing marketing strategies designed to increase fan base.

**The Board of Education Monroe, CT**

November 2008 – May 2009

**Assessment Data Specialist**

- Created a qualitative and quantitative statistically-based plan outlining the options for per-student test score collection, including standardized tests, classroom tests, and quizzes, addressing the district-wide need for a total test score management solution
- Using the results of my study, implemented the Inform Software and Remark Hardware data collection solutions
- Created and delivered multiple "Train the Trainer" sessions to users on Inform and Remark
- Imported and analyzed all data collected.
- Using SPSS, identified factors impacting student achievements, efficacy of instruction, and interventions
- Designed target groups based on the results and designed interventions with the data teams for each individual within the group. Monitored the effectiveness of the interventions.

**The Kennedy Center, Inc. Trumbull, CT** (nonprofit Human Services agency)

May 2001 – November 2008

**Administrative Assistant II (May 2006 – November 2008)**

- Provided administrative assistance to 1 Vice President, 4 administrators, 3 Directors, 16 managers in addition to 100 + full time staff at Kennedy Center Industries.
- Prepared reports, wrote grants, conducted internet research and graphic programming, editing, photography, and wrote articles for the quarterly newsletter.
- Daily entered consumer medical and critical data, DDS (Department of Developmental Services) updates and monthly meeting schedules for 500 + consumers in ACCESS. Track staff mileage and purchase orders in Excel.
- Authored landscaping, maintenance, and Supported Employment contracts for small businesses; customers include: DMV, DDS, DSS, retail chains, and homeowners. Coordinated billing for all contracts.
- Provided direct supervision to secretarial staff. Ensured efficient office operation including all equipment, flow of supplies and daily staff coverage of the front desk. Covered the front desk a minimum of 2 hours a day.
- Maintained communication with all satellite locations; provided follow-up on projects including marketing, outreach and consumer satisfaction
- Conducted Injury/Illness Investigations in absence of Internal Investigator and wrote follow up reports in accordance with state and CARF standards.

**Employment Specialist (June 2005- May 2006)**

- Motivated, supervised and mobility trained legally blind contract staff in all aspects of piecework jobs, which changed daily.
- Maintained attendance, payroll, travel reimbursement, and case management files for contract staff.
- Met all production deadlines and quality assurance standards for the group of 6 contract staff and assisted other groups consisting of 20 to 30 consumers as needed. Quality control/ inspect work prior to shipping to production.

**Job Coach (May 2001- June 2005)**

- Collected and evaluated data related to consumers' goals, attendance, weekly work charts, and behavioral data.
- Recorded and submitted consumer payroll, agency billing, and acted as bookkeeper for Seniors program.
- Provided direct supervision to a maximum of twenty consumers in a vocational setting, inclusive of but not limited to: teaching work skills, quality control of work produced, developing natural supports, reinforcing appropriate work habits, establishing rapport with site employers, enforcing site rules/ regulations and those of The Kennedy Center.
- Served adults 18+ with developmental disabilities, Intellectual disabilities, TBI, Conduct disorders, Schizophrenia, Bipolar, Depression, Anxiety and Autism Spectrum disorder. Many individuals had multi axis diagnosis.

**Beverly Black Hammond, MSW, LICSW**

**Summary**

Experienced Licensed Independent Clinical Social Worker with strong clinical and good listening skills whose practice style is one of collaboration with clients to reduce any barriers to their wellness and to promote their highest potential for health in mind, body and spirit. Integrity and adherence to the National Association of Social Workers is the guiding practice principal. Practice of holistic therapies for self-care enriches her practice with clients. Actively participates in continuing education for professional and personal growth.

**Experience**

**Lakes Region General Hospital-Laconia, NH  
Care Manager**

**1992-2012**

- \* Assessments, advocacy, coordination of community resources, coordination with healthcare providers and health promotion for clients enrolled in HealthLink, a hospital sponsored program for the uninsured
- \* Development of Care Plans with clients to address their Barriers to Wellness
- \* Two month follow -up calls and 6 month appointments with clients for care coordination

**Medical Outpatient Care Manager**

**2012-2018**

- \* Assessments, advocacy, coordination of community resources, coordination with healthcare providers for clients with multiple medical or psychosocial issues to reduce their Barriers to Wellness and promote their health and well-being
- \* Care Plans developed jointly with clients

**Care Manager**

**2007-2018**

**MVAP contract with Lakes Region General Hospital**

- \* Care Manager for clients enrolled in MVAP and the NH Ryan White Care Program
- \* Enrollment of clients in the NH Ryan White Care Program which provided clients access to Primary and Specialty Care and medications
- \* Six month reenrollments with clients
- \* Assessments and Service Plans with SMART goals focus
- \* Coordination with client's healthcare team and referrals to community resources
- \* Obtained fuel, utilities, housing and transportation assistance as needed for clients

**Employed directly by MVAP-Medical Case Manager-duties as above  
Clinical Supervisor-MVAP**

**2018-present  
June 2018-September 2019**

**VetLink Coordinator- Lakes Region General Hospital**

**2013-2018**

- \* Referrals for Veterans to Veteran Services and community resources
- \* Assisted Veterans in applying for Veterans Health Benefits
- \* Support and advocacy for Veterans and family members
- \* Use of VetLink fund for financial assistance for Veterans

**In patient Medical Social Worker -Lakes Region General Hospital**

**2018-May 2019**

- \* Psychosocial assessments, advocacy and care coordination and community resources referrals for hospitalized patients; ER Social Work coverage

#### **Education**

Bachelors in Social Service-University of New Hampshire, Durham, NH  
Master's in Social Work-Simmons College, School of Social Work, Boston, MA  
Additional Trainings: Mind Body Medicine Institute, Boston, MA  
UMass Center for Mindfulness, Worcester, MA  
Certified Yoga Teacher, Kripalu Center for Yoga and Health, Stockbridge, MA

#### **Professional Association**

National Association of Social Workers, NH Chapter

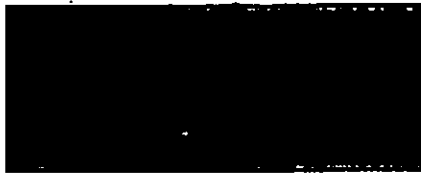
#### **Volunteer Activities**

Coordinator of Dinner Bell, community outreach free Sunday meal-St. Andrew's Church,  
Tamworth, NH 2017-2019

#### **Social pleasures**

Spending time with family, yoga, nature, swimming, cooking and music

## **Dennis P. Morrison**



### **Key Skills:**

Administer Medication	Inventory Management	Customer Service
Report & Document Preparation	Expense Reduction	Goal Setting
Team building & Supervision	Develop and implement a treatment plan	Community Support
Department Management	Safety Management	Microsoft Office

### **Merrimack Valley Assistance Program, Concord, NH**

**Medical Case Manager 02/2016-Present**

- Provide psychosocial support to individuals living with HIV/AIDS.
- Processes include intake, assessment of needs, service planning and service plan implementation.
- Service coordination, monitoring and follow-up.

### **Transitional Housing Services,**

**North American Family Institute, Concord NH**

**Direct Care Counselor/ Vocational Manager 12/2011-02/2016**

- Creative and resourceful supervisor / counselor of a sheltered vocational work site in the day treatment facility.
- Teaching skills that will apply for independent community living.
- An inspired facilitator of art therapy, culinary, and fitness groups.
- Self manage documentation of consumer assessments daily.
- Illness Management and Recovery (IMR) group facilitator
- Knowledgeable in HIPAA compliance.

### **Transitional Housing Services, DHHS, Concord NH**

**Mental Health Worker, 2006 to 2011**

- Following the treatment plans implemented by the clinicians and by using my experience, knowledge and positive attitude.
- Maintaining client confidentiality while preparing all treatment records and reports.
- Guide clients in the development of skills and strategies for coping with their concerns and aspects of daily living.

### **Education:**

**Mount Washington College Manchester NH;**

**Associates Degree in Interior Design 2008/ GPA 3.71**

**Associates Degree in Graphic Design 2007 / GPA 3.79**

**Communications Course Online SNHU/ 2015**

### **Phi Theta Kappa International Honor Society**

**Training Workshops /Certifications**

- Supported Employment Certification
- Illness Management and Recovery (IMR) Certification
- Professional Boundaries Certification
- Cultural Competency Certification
- Safe Alternatives for Everyone (S.A.F.E) Certification
- Documentation Workshop
- Cultivating Excellence in HIV Prevention and Care for Transgender Patients



## TANYA TAYLOR

### AREAS OF STRENGTH AND EXPERTISE

- Office Management
- Team Management
- Administration
- Process Improvement
- Case Management
- Cross-Functional Skills
- Communication
- Customer Service
- Relationship Building

### PROFESSIONAL EXPERIENCE

**STAPLES, Rochester, NH**

May 2019- Present

*Cashier/ Copy Center Associate*

Worked part time while completing MSW program internship requirements. Provided exceptional customer service and built good customer relationships to ensure continued consumer loyalty and satisfaction.

**Key Accomplishments:**

- Oversaw equipment maintenance, ensuring all electronics and facilities were properly cared for and cleaned.
- Created various print jobs and maintained required documentation dating materials and working closely with customers to ensure their satisfaction with their product(s).
- Maintained the copy and print center work area to ensure compliance with store safety and quality policies.
- Upsold products and services as appropriate to customers to ensure they were receiving all they could to help them succeed.

**Dover Children's Home (DCH), Dover, NH**

May to December 2019

*Two-Semester MSW Candidate Intern*

As a macro MSW intern I worked closely with the quality improvement specialist and executive director. Responsibilities included assisting in research, finding grants, helping at events, engaging with youth, families, the community, and other stakeholders as well as attending board and committee meetings.

**Key Accomplishments:**

- Completed research on evidence-based practices surrounding LGBT youth in out of home care.
- Completed an online Safe Zone course to provide information, training, and support to staff.
- Assisted the program in become more inclusive to LGBT youth through environmental changes.
- Assisted the quality improvement specialist and executive director through CARF accreditation and conducted the research needed and wrote the draft of the accessibility plan for the program.

**NeuroInternational, Sarasota, FL and Concord, NH**

August 2018 to 2019

*Assistant Program Manager and Case Manager Intern*

Worked as an intern Case Manager and Assistant Program Manager in tandem. Responsibilities included Making doctor's appointments for clients and transporting them when available. Attend weekly case manager and program manager phone meetings, treatment meetings, as well as an array of other meetings as needed. Also, supervised 30 staff, conducted interviews, and provided training.

**Key Accomplishments:**

- Assisted in the opening of a new facility along with the Program Manager and Program Director.
- Responsible for making doctor's appointments, interactions with stake holders such as family and referring agencies, transportation, and documentation.
- Participated in an on-call rotation with the program director, and the program manager.

**South Middlesex Opportunity Council (SMOC), Framingham, MA**

2014 to 2018

*Individual Placement and Support (IPS) Program Supervisor*

10/31/2017 – 08/24/2018

Supervisor for the IPS program through SMOC's Workforce Development department and funded by Advocates Inc. Responsibilities included helping individuals served by conducting individual assessment and goal setting, formal classroom instruction on job procurement skills, and structured progress reporting to Advocates Inc. Also, supervised three staff, conducted reviews, and provided training.

**Key Accomplishments:**

- Oversaw the IPS Program staff and served as an administrative liaison to other coordinators and staff within the Community Based Flexible Support (CBFS) services programs statewide.
- Developed tracking tools to enhance coordination between IPS staff to better serve the participants of the IPS program.
- Attended regular meetings with the Advocates Mobile Team and Operations teams to provide updates regarding participants in the IPS program.
- Attended SMOC's weekly managers meetings and quarterly staff meetings
- Conducted weekly supervision meetings with IPS staff to provide training in order to support evidence-based practices. Provided direct case consultation, following the principles outlined by Dartmouth's IPS Support Employment Model, to ensure exceptional delivery of services.
- Facilitated the coordination of client services with the Massachusetts Rehabilitation Commission (MRC) and Department of Mental Health staff and other CBFS service program managers statewide.
- Maintained a case load of 5-10 individuals in the IPS Program.
- Conducted intake assessments, developed an Individual Employment Plan (IEP), and monitored progress of educational components for participants in the IPS program
- Ensured ongoing compliance with performance-based contracts and program outcomes; met all contractually obligated reporting requirements.
- Provided billing assistance for the Competitive Integrated Employment Services (CIES) program and MRC contracts.

**South Middlesex Opportunity Council (SMOC), Framingham, MA****Summer Jobs for Youth Program Coordinator**

5/1/2017- 08/24/2018

Worked as a vocational instructor for the Summer Jobs for Youth program through SMOC's Workforce Development department. Responsibilities included semi-formal classroom instruction on job procurement skills, assigning interns to various departments within SMOC, and coordinating a graduation for all participants.

**Key Accomplishments:**

- Conducted interviews and selected eligible individuals to participate in the program.
- Oversaw eight program participants and ensured their adherence to SMOC's vision, policies, and code of ethics.
- Developed a course track for the six week internship program that consisted of six workshops regarding pre-employment basics such as resume building, conflict resolution and acing the interview.
- Responsible for obtaining timesheets and submitting them for each participant bi-weekly.
- Assisted participants in creating a resume and supplied each with a letter of recommendation based on their participation.

**South Middlesex Opportunity Council (SMOC), Framingham, MA****Employment Specialist-Serenity Vocational Program**

7/1/2015 -10/31/17

Vocational instructor for a residential drug and alcohol treatment program through SMOC's Workforce Development department and funded by the Massachusetts Rehabilitation Commission (MRC). Responsibilities included individual assessment and goal setting, formal classroom instruction on job procurement skills, care coordination with program staff, and structured progress reporting to MRC.

**Key Accomplishments:**

- Developed tracking tools to enhance coordination between team members to better serve the participants of the vocational program of a drug and alcohol treatment program.
- Developed and monitored of Individual Employment Plans (IEPs) for a caseload of (18-28) Women.
- Maintained files for clients according to the Massachusetts Rehabilitation Commission.
- Attended bi-weekly meetings with the Massachusetts Rehabilitation Commission to provide updates regarding participants in the vocational program, weekly staff meetings at the Serenity Program, and SMOC's monthly staff meetings.
- Learned the Virtual Gateway System to complete monthly billing for the Vocational program, as well as all of the Competitive Integrated Employment Services (CIES) program clients.
- Maintained a case load of five individuals in the Competitive Integrated Employment Services (CIES) program.

- Conducted intake assessments, develop an Individual Employment Plan (IEP), and monitor progress of educational components for participants in the Competitive Integrated Employment Services (CIES) program.

**South Middlesex Opportunity Council (SMOC), Framingham, MA*****Case Manager, Woman's Transitional Program***

9/27/2014 – 6/30/2015

Complex case management responsibilities involved development and implementation of Individual Service Plans (ISP) which began with needs assessment and culminated in treatment program referrals and/or support services for women preparing to release from prison or already in SMOC based drug and alcohol treatment programs.

***Key Accomplishments:***

- Developed and monitored Individual Service Plans (ISPs) for a caseload of approximately 25-30 women.
- Advocated and referred participants based on individual needs (e.g., treatment programs, sober housing, primary care services and mental health (dual diagnosis therapy).
- Maintained files for clients according to the Department of Correction guidelines.
- Identified and developed intake and tracking tools to enhance coordination of services.
- Assist clients in obtaining basic documentation/services (e.g., state identification, social security cards and benefits, birth certificates, food stamps).
- Provided client transportation as needed to court and agencies to optimize successful reintegration and reduce barriers.
- Conducted generalized presentations to inmates and prison staff, as well as program staff, about the SMOC WTP program.
- Provided basic Intro to Word and CORI training to agency wide participants.

**Fellowship Housing Opportunities, Concord, NH**

2013 to 2014

***Community Integration Specialist***

Maintained organizational processes and provided support for twelve individuals with mental health challenges by overseeing medication management and ADL skill development.

***Key Accomplishments:***

- Oversaw data management utilizing the TIER management system to monitor client behaviors and chart interactions.
- Maintained the physical environment to ensure that all regulations are met, educating clients in self-care and medication to ensure understanding and safety.
- Built relationships with patients and colleagues to ensure effective service and care.
- Managed office organization, improving efficiency by implementing innovative process improvements.

**Lakeview NeuroRehabilitation Center, Belmont, NH**

2009 to 2010; 2012 to 2014

***Administrative Assistant******Community Integration & Personal Support Specialist***

Managed care for sixteen clients with neurobehavioral challenges, enhancing client independence by facilitating therapeutic programming and planning individual goals and community outings. Assisted in establishing schedules, writing proposals and conducting staff meetings and trainings to ensure all personnel were up-to-date with regulations.

***Key Accomplishments:***

- Provided administrative support, screening potential job candidates and contributing to staffing processes, communicating clearly with qualified candidates during interviews to ensure best possible new hires.
- Oversaw new staff orientation, completing all necessary new hire files and documenting progress effectively.
- Collaborated with staff to establish regulatory systems, ensuring compliance during safety drills.
- Worked with facility managers to prioritize needs, managing chemical ordering and distribution.
- Initiated filing system, allowing all departments easy access to cross-disciplinary files.
- Acted as on-call administrator for staffing and emergencies, effectively mitigated risks with clear communication, and provided coverage for the facility administrator's days off and vacations.

- Maintained all necessary federal and state documentation; ensuring compliance with all standards and helping patients meet goals by providing effective progress reporting.

**Circle K, Houlton, ME**

2010 to 2012

**Cashier**

Provided exceptional customer service and communicated with customers about products and services, and built good customer relationships to ensure continued consumer loyalty.

**Key Accomplishments:**

- Oversaw equipment maintenance, ensuring all electronics and facilities were properly cared for and cleaned.
- Maintained stock, dating and rotating items to ensure compliance with store sales dates.
- Managed stock display to entice customers and highlight specials.

**Multiple Offender Program, Laconia, NH**

2008 to 2009

**Dorm Supervisor**

Provided supervisory responsibilities for 34-bed facility, housing clients in the multiple-DUI offender program to ensure correct social conduct, safety, and monitoring.

**Key Accomplishments:**

- Maintained exceptional reports and records, documenting client behaviors and attitudes to ensure safety.
- Led administrative duties, answering phones, conducting room checks and performing general housekeeping operations to ensure clean, friendly environment.
- Taught classes on family dynamics, initiating question and answer sessions to effectively offer behavioral correction.

**Thomas College, Waterville, ME**

2006 to 2008

**Residential Assistant**

Oversaw 21 female residents in a freshman residence hall, ensuring their safety and maintaining discipline throughout the hall as necessary.

**Key Accomplishments:**

- Assisted students in obtaining campus resources for health, counseling and financial services, providing safe, non-judgmental environment for residents.
- Established and maintained rapport with students, actively engaging in conflict resolution and mitigating peer-to-peer disputes.
- Designed and implemented activities to foster team building and sense of community among residents and staff, providing opportunities to develop self-awareness and personal growth.
- Supervised activities, supporting securing and documenting all physical environment changes to ensure resident safety.

**EDUCATION AND TRAINING**

Bachelor of Science, Criminal Justice, Minor Psychology, Thomas College, Waterville, ME, 2008, 3.4 GPA

Master of Social Work, Boston University, Boston, MA, 02215, 3.75 GPA, Estimated Graduation September 2020

CPR certified- Expires September 2019

Merrimack Valley Assistance Program, Inc.

Key Personnel for HOPWA NH Balance of State

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Elizabeth Posey	Executive Director	\$96,067.52	9%	\$8,646.07
Beverly Hammond	Part time Case Manager	\$31,064.80	9%	\$2,795.83
Dennis Morrison	Case Manager	\$37,791.00	15%	\$5,668.65
Tanya Taylor	Case Manager	\$35,000	15%	\$5,250

Please note that the % paid from the contracts is an approximate number based on the tasks each performs. The amount of time each case manager spends on the contract does depend on the amount of assistance that the clients needs on their caseload.