



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Jeffery A. Meyers
Commissioner

Marcella J. Bobinsky
Acting Director

May 9, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a four-month sole source amendment to an existing agreement with Trustees of Dartmouth College, Purchase Order #1024261 (Vendor # 177157-B013), 11 Rope Ferry Road 6210, Box 186, Hanover, NH 03755, by increasing the Price Limitation by \$233,436 from \$2,557,572 to \$2,791,008 to operate an incidence-based statewide cancer registry system as required by RSA 141-B, effective July 1, 2016, or the date of Governor and Council approval, whichever is later, through October 30, 2016. This agreement was originally approved by Governor and Council on June 6, 2012, Item #72, and amended on April 17, 2013, Item #45, March 12, 2014, Item #26D, and on January 13, 2016, Item #16. Funds are 78.6% federal and 21.4% general.

Funds are available in the following account for SFY 2017, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-900510-8666 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, CANCER REGISTRY

Table with 7 columns: State Fiscal Year, Class/Account, Class Title, Job Number, Current Modified Budget, Increased (Decreased) Amount, Revised Modified Budget. Rows show data for years 2013 through 2017, including sub-totals and a final total row.

EXPLANATION

This **sole source** action is requested to continue operation of the statewide cancer registry system by extending the current contract by four months while a competitive procurement takes place. A Request for Proposals for this service will be published on the Department's website in July, 2016. The approval of this amendment will allow the Department the time it needs to complete the procurement.

Funds in this amendment will be used to operate an incidence-based statewide cancer registry system in New Hampshire for four-months. The primary purpose of the New Hampshire State Cancer Registry is to identify all reportable cases of cancer in New Hampshire to provide information on the over-all burden, types, and changing patterns of cancer among residents of the state. New Hampshire RSA 141-B and New Hampshire Administrative Code He-P 304 established reporting requirements for cancer case reporting in New Hampshire. The New Hampshire State Cancer Registry's overall measure of success is to meet the standards for quality, completeness and timeliness of data as defined by the nation's standard setting organization, the North American Association of Central Cancer Registries. The purpose of this agreement is to conduct data collection, data processing, quality assurance and database management activities for the collection of cancer information for the New Hampshire State Cancer Registry in accordance with the New Hampshire Department of Health and Human Services guidelines and standards set by the National Program of Cancer Registries and the North American Association of Central Cancer Registries.

The New Hampshire Department of Health and Human Services is tasked under RSA 141-B to collect information about cancers diagnosed in New Hampshire. This information furthers our understanding of cancer and is used to develop strategies and policies for its prevention, treatment, and control. The data also help determine where early detection, educational, and other cancer-related programs should be directed. The availability of data on cancer in the state allows health researchers to analyze demographic and geographic factors that affect cancer risk, early detection, and effective treatment of cancer patients.

The New Hampshire State Cancer Registry is recognized as one of the leading cancer registries in the nation, and has been the cornerstone of a substantial amount of research on cancer in the New Hampshire population. Information held in the cancer registry is strictly confidential, and is protected from unauthorized access by state of the art security systems and protocols. To date, the New Hampshire State Cancer Registry has collected detailed information on over 1.3 million cases of cancer among New Hampshire residents diagnosed from 1990 forward. More than 8,000 new cases are added annually. Every day in New Hampshire, 22 of our residents are diagnosed with cancer and seven of our residents die due to cancer. Based on New Hampshire Department of Health and Human Services estimates, the overall cost of cancer in New Hampshire in 2008 was \$1.1 billion. Cancer surveillance helps us understand the magnitude of the cancer problem in New Hampshire, and provides us with critical data to assess the health of our New Hampshire residents and to make informed decisions about how to best direct our health-related resources and activities. This data gives us the fundamental knowledge to guide the assessment, development, and evaluation of health policy, and inform and evaluate the impact of population health programs and interventions as well as personal health decisions. Cancer registries provide a basis for public and private decisions at local, state, and national levels.

Should the Governor and Executive Council not authorize this request, a data gap, between July 1 and the date of the new contract for a cancer registry would be created. Due to recent requests

for data regarding cancer in geographic areas of the state, a data gap would not serve the needs of public health surveillance projects, or New Hampshire residents.

The Trustees of Dartmouth College was originally selected for this project through a competitive bid process.

To date, the contractor has successfully met all performance measures. The Department expects that the vendor will continue tracking these same measures over the remaining life of the contract. Three highlights of successful performance outcomes are presented below:

1. On a national scale, de-identified Cancer Registry data were used in a comprehensive study on bladder cancer. A recent publication based on this study indicates that individuals with bladder cancer are at greater risk of recurrence if they are overweight or smoke – both are risk factors that could be modified by individual patients and potentially improve their odds of survival.
2. Data collected by the Cancer Registry also directly benefit New Hampshire residents, For example, registry data demonstrated that women living in New Hampshire with early stage breast cancer are less likely to receive radiotherapy after lumpectomy if they live further from a radiation facility, and particularly if diagnosed during winter months. This kind of local information is useful to highlight geographic areas of concern and can be used by local agencies to arrange transportation to those in need.
3. The Cancer Registry fully complies with all required elements of National Program Cancer Registries and ensures that all of the data passes 100% of required data edits. The Cancer Registry received recognition from the National Program of Cancer Registries for meeting the standards of the National Data Quality and Completeness Program in April 2013.

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

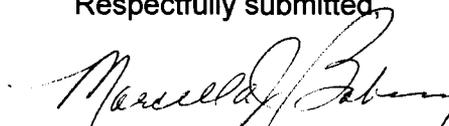
1. For each incident cancer case defined in Exhibit A, item number 7, collect all the data variables listed in New Hampshire Administrative Rule He-P 304.2.
2. The database shall be, at a minimum, in accordance with accepted Centers for Disease Control's National Program of Cancer Registries and North American Association of Cancer Registry standards.
3. Edit 25 cases from each hospital in order to keep the error rate of <2%.
4. Convene state cancer registrars meeting to foster compliance with reporting requirements as developed by DHHS.
5. Prepare and submit a report of the contract progress.

Area served: Statewide.

Source of Funds: Source of Funds is 78.6% Federal Funds from the US Centers for Disease Control and Prevention, Cancer Registry, and 21.4% General Funds.

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

Respectfully submitted,



Marcella J. Bobinsky, MPH
Acting Director

Approved by: 
Jeffrey A. Meyers
Commissioner



**New Hampshire Department of Health and Human Services
New Hampshire State Cancer Registry Operations**

**State of New Hampshire
Department of Health and Human Services
Amendment #4 to the
New Hampshire State Cancer Registry Operations**

This 4th Amendment to the New Hampshire State Cancer Registry Operations contract (hereinafter referred to as "Amendment Three") dated this 27 day of April, 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Trustees of Dartmouth College, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 11 Rope Ferry Road, #6210, Hanover, NH 03755-1404.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012, Item #72, amended on April 17, 2013, Item #45, March 12, 2014, Item #26D, and amended again on January 13, 2016, Item #16, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to increase the price limitation, and modify the scope of services to support continued delivery of these services, and

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

1. Amend Form P-37, Block 1.7, to read October 31, 2016.
2. Amend Form P-37, Block 1.8, to read \$2,791,008.
3. Delete Exhibit A, Exhibit A Amendment #2 and Exhibit A-2 in their entirety and replace with Exhibit A Amendment #3.
4. Amend Exhibit B to add:

Paragraph 1.3 to Paragraph 1:

The contract price shall increase by \$233,436 for SFY 2017. Funding is 78.6% federal funds from the Center for Disease Control & Prevention, Cancer Registry, CFDA #93,283, Federal Award Identification Number (FAIN) U58DP003930, 21.4% general funds.

5. Amend Budget to add:
 - Exhibit B-1 Amendment #4 Budget SFY 2017

This amendment shall be effective upon the date of Governor and Executive Council approval.



New Hampshire Department of Health and Human Services
New Hampshire State Cancer Registry Operations

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

State of New Hampshire
Department of Health and Human Services

Date 5/9/16

Marcella J. Bobinsky
Name: Marcella J. Bobinsky, MPH
Title: Acting Director

Trustees of Dartmouth College

Date 4/29/16

Heather A. Arnold
Name: Heather A. Arnold, M.Ed.
Title: Assistant Director

Acknowledgement:

State of New Hampshire, County of Grafton on 4/29/16, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Janet Shepler
Signature of Notary Public or Justice of the Peace



Janet Shepler, Agreements Admin.
Name and Title of Notary or Justice of the Peace

My Commission Expires: 10/26/16

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

OFFICE OF THE ATTORNEY GENERAL

Date 5/16/16

Megan Apple
Name: Megan Apple
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.2. All services to be performed under this contract shall be in accordance with New Hampshire Department of Health and Human Services (DHHS), New Hampshire law RSA 141-B, New Hampshire Administrative rules He-P 304, United States Public Law 102-515, and Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries (NPCR) and North American Association of Central Cancer Registries (NAACCR) standards and guidelines.

2. Required Activities

The Contractor shall:

- 2.1. Present for discussion and proposed modifications, a Work Plan, due within 30 days of the contract effective date. The timeline and work plan shall meet all due dates for deliverables noted in the Deliverables and Key Performance Indicators set forth in Section 14 of this document.
- 2.2. Have all fully qualified staff assigned in support of the New Hampshire State Cancer Registry (NHSCR) contract within 30 days of the contract effective date.
- 2.3. Maintain the NHSCR database from a physical location within a seventy-five (75) mile radius of the DHHS, located in Concord. The rationale for this requirement is that the DHHS provides technical and administrative oversight of the NHSCR operations, which includes on-site visits to the NHSCR contractor. In addition, appropriate contractor personnel are required to attend regular meetings with DHHS staff as well as other meetings as necessary.
- 2.4. Allow full participation of the DHHS in the ongoing, onsite operations of contract activities including interacting directly with contractor staff, viewing abstract processing, participating in customizing registry software selecting edits, aspects of database management, system security, and quality assurance that the DHHS deems necessary.
- 2.5. Provide the DHHS with technical assistance and expertise on matters within the scope of work of the contract.

3. Cancer Registry Operation

- 3.1. Operate an incidence-based statewide cancer registry reporting system in accordance with RSA 141-B and Part He-P 304.0 of the New Hampshire Administrative Rules. Collect information and maintain an electronic database of all incident cancer cases occurring among the New Hampshire population according to the Administrative Rules.



Exhibit A Amendment #3

- 3.2. Facilitate and encourage submission of reports for each incident case, all the data variables listed in administrative rule He-P 304.02 by "health facilities" within an expected time frame as listed in administrative rule He-P 304.01(d) and He-P 304.01(k). Facilitation and encouragement may include writing letters, calling by telephone and personal visits to health providers and/or health facility administrators or supervisors. (*"Health Facilities" shall be defined according to the Administrative Rules.*)
- 3.3. Inform the DHHS of facilities that remain out of compliance with reporting requirements despite Contractor notification in the following situations:
 - 3.3.1. Denial or lack of access to pathology reports or medical records;
 - 3.3.2. Lack of submission of reports within one month or expected date; and
 - 3.3.3. Lack of response to letter or other formal inquiry within one month.

4. Case Ascertainment Activities

- 4.1. Establish and implement case reporting from any new or existing free-standing radiation oncology facility in the state.
- 4.2. Establish and implement case reporting from any new or existing free-standing medical oncology facility in the state.
- 4.3. Establish and implement electronic case finding from hospital or private pathology labs and from out-of-state pathology laboratories.
- 4.4. Perform death clearance at least annually. Death clearance should be performed by matching records in the NHSCR with New Hampshire mortality data provided by the DHHS and with National Death Index., to determine the level of the NHSCR's record completeness for in-state and out-of state deaths to New Hampshire residents where cancer is identified as a cause of death.
- 4.5. For in-state deaths, the Contractor shall make a determination as to the cause of and appropriate correction for cancer incidents not reported to the NHSCR. This should include contacting the certifier of the death for case follow back as necessary. For deaths of individuals in NHSCR database, the contractor shall electronically update the Vital Status, date of death and cause of death for matching cases.
- 4.6. Operate query systems that cross checks definitive reports, rapid reports, and non-reportable data sources using data linkage processes to ensure maximum case ascertainment.
- 4.7. Create or update the NHSCR operations manual within 30 days of the contract effective date. This manual on NHSCR procedures is for potential distribution to all reporting health providers and health facilities. The manual will provide documentation of the objectives, implementation and operation of the registry. All the contractor staff of NHSCR and DHHS shall be provided with a copy of the manual. This manual shall contain, at a minimum:
 - 4.7.1. Most current reporting laws/regulations;
 - 4.7.2. List of reportable diagnoses



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- 4.7.3. List of required data items
- 4.7.4. Procedures for data processing operations including:
 - 4.7.4.1. Procedures for monitoring timeliness of reporting;
 - 4.7.4.2. Procedures for receipt of data;
 - 4.7.4.3. Procedures for database management including a description of the Registry Operating System (software);
 - 4.7.4.4. Procedures for conducting death certificate clearance;
 - 4.7.4.5. Procedures for implementing and maintaining the quality assurance/control program:
 - 4.7.4.5.1. Conducting follow-back to reporting facilities on quality issues. These procedures include rules for identifying when action or further investigation is needed;
 - 4.7.4.5.2. Conducting record consolidation;
 - 4.7.4.5.3. Maintaining detailed documentation of all quality assurance operations;
 - 4.7.4.5.4. Procedures for education and training.
 - 4.7.4.6. Procedures for conducting data exchange including a list of states with which case-sharing agreements are in place;
 - 4.7.4.7. Procedures for conducting data linkages.
- 4.7.5. Procedures insuring confidentiality and data security including disaster planning;
- 4.7.6. Procedures for data release including access to and disclosure of information;
- 4.7.7. Procedures for maintaining and updating the operational manual.
- 4.8. Revise the NHSCR operations manual when any changes are made to policies and procedures relating to the NHSCR activities based on contractor need or as requested by the DHHS. The contractor will submit the changes to the DHHS, who will review and seek revision or approve within 30 days.
- 4.9. Review and update existing documents for reporting facilities, including letters, user application forms, reporting requirement document, Webplus user guides, etc., within 30 days of the contract effective date. Determine needed updates in consultation with the DHHS. When updates are needed, develop updated material, obtain approval of the DHHS, and provide to reporting facilities and post them on web for easier access.
- 4.10. Through site visits to New Hampshire hospitals conducted as needed, review discharge, laboratory and pathology reports as well as medical charts to ensure the completeness of case reporting and accuracy for completion.



5. Information Technology Activities

- 5.1. Provide and set up necessary computer hardware, including servers and computers for the NHSCR contractor staff, necessary to maintain the NHSCR database.
- 5.2. Establish necessary secure internet connections and local connectivity for contractor staff to access the NHSCR servers and databases.
- 5.3. Provide connectivity for all reporting facilities to transmit data to the NHCSR.
- 5.4. Maintain secure web access to the NHSCR seven days per week for Web Plus on-line data entry and data file uploading.
- 5.5. Install and utilize a current automated data management system, consistent with national standards and populated with NHSCR data. Train staff in operation of software systems. The contractor shall update all the components of the software, as required and shall participate in the relevant CDC software users group. (The DHHS maintains the discretion to utilize any kind of data management system. There shall be no major modifications or upgrades to the software without the approval of the DHHS.)
- 5.6. Restrict reporting via Web Plus data entry or file upload to those reporters who have agreed to become Web Plus users.
- 5.7. Develop and implement procedures for the electronic submission and processing of laboratory pathology and cytology reports utilizing NAACCR standards.
- 5.8. Maintain a computerized log of facilities and personnel who report data to NHSCR (in excel or access or any other system) which includes at minimum; facility ID, name and demographic information; names and contact information of personnel (reporters and supervisors), and log of prior facility contacts.
- 5.9. Maintain a computerized log of all abstracts received from each reporting facility that includes facility ID, number of abstracts received, date received, format of data received and NAACCR version if electronic submission.
- 5.10. Upgrade or replace user software and or hardware and make necessary changes to customize software because of advancing technology and or modifications required by DHHS, NPCR or NAACCR standards. The contractor shall make further upgrade(s) or replacements(s) during the life of this contract, at an additional negotiated price, if so requested by DHHS and subject to all necessary state approvals.
- 5.11. Provide means for DHHS staff approved by the DHHS to periodically receive data from NHSCR, while maintaining data security.
- 5.12. Develop and implement procedures for granting access to data to approved NHSCR staff.



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6. Database Management Activities

- 6.1. Develop and implement procedures for the timely and accurate consolidation of cancer reports;
- 6.2. Consolidate tumor records and treatment information in accordance with standards set forth by NPCR, NAACCR or the SEER.
- 6.3. Perform routine, standard edit checks on all reports received in accordance with NPCR and NAACCR standards. The contractor shall be responsible for the accuracy of the data it codes, edits and consolidates, and for maintaining the integrity of the data. At a minimum, the editing and review of data would include:
 - 6.3.1. Routine visual review of abstracts and error reports;
 - 6.3.2. Installation and use of the most recent standard edit set metafiles as chosen by the DHHS and the Contractor;
 - 6.3.3. Detection of errors during editing, documentation of errors found and corrections of errors detected;
 - 6.3.4. Detection and consolidation of multiple abstracts tumor records) received during the contract that match cases reviewed in current or prior years;
 - 6.3.5. Detection and removal of duplicate consolidated cases (that is two or more consolidated records for the same tumor in an individual);
 - 6.3.6. Describe strategy for the routine, continual detection and removal of the duplicates from the NHSCR database –even after current accession year has closed.
- 6.4. Assure that the individual case records in the NHSCR automated database are computer-edited for duplicate records, invalid coding, improbable values, and inconsistencies prior to statistical processing and data compilation for analytical purposes. Areas to be edited include, but are not limited to:
 - 6.4.1. Data Range Checks;
 - 6.4.2. Geographic Coding Assignment;
 - 6.4.3. Duplicate Record Checks;;
 - 6.4.4. Invalid values
 - 6.4.5. Relational items as follows:
 - 6.4.5.1. City at diagnosis field must only have values that exactly match legitimate New Hampshire City, town, or village names in list supplied by DHHS.
 - 6.4.5.2. City at diagnosis, the code for county and state of diagnosis must always agree and where city at diagnosis exists, a code for county at diagnosis must be provided.
 - 6.4.5.3. Vital status and cause of death fields must agree and cause of death must be a valid ICD-10 cause of death code or one of the special NAACCR codes.



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- 6.4.5.4. Records should be checked to make sure that the physician's name is correctly entered into first and last name fields.
- 6.4.5.5. Records should be checked to compare sex of patient and the first name of the patient as a guide for determining correct entry of the record.
- 6.4.5.6. No logical conflicts shall exist between all the treatment diagnosis fields and the related reason for no treatment fields.
- 6.4.5.7. Apply applicable NPCR and NAACCR Central Registry edits to data fields.

6.5. Geocode all cancer reports of New Hampshire residents for address and census tract, for a given year and accurately incorporate new and revised coding into NHSCR database.

7. Information and System Security Policies and Procedures

- 7.1. Maintain the confidentiality and integrity of information in accordance 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 and those parts of the HITECH Act as applicable. The contractor shall also maintain and protect the confidentiality of the database and information obtained and maintained during this contract in accordance to NH RSA 141-B and NH Administrative Rules He-P 304 and shall acknowledge agreement with the Data Use Policy of the DHHS, which views NHSCR database as DHHS-owned database, with data release subject to restrictions and conditions.
- 7.2. Deliver a document summarizing administrative and technical security measures to be deployed to protect the NHSCR database and other related elements.
- 7.3. Furnish DHHS with final copies of its system security and integrity manual which includes plans/procedures/protocols for ensuring that the contractor's NHSCR system will be properly secured, maintained and updated throughout the contract term.
- 7.4. Implement series of internal procedures to ensure that: (A) access to automated information is restricted to authorized persons, on a needed basis, and (B) control is maintained over all the documents that contain sensitive information to ensure that these documents are available only to authorized persons.
- 7.5. Implement full security measures to ensure the security and quality of all the elements in the NHSCR database, through procedures that shall include the following:
 - 7.5.1. Ensure that equipment is protected from theft and accidental or deliberate damage or misuse;
 - 7.5.2. Ensure that once computer programs and data sets are completed and in routine use, they are protected against tampering. Carefully control access to and maintenance of computer programs and NHSCR database.
 - 7.5.3. Ensure that copies of original data submitted are maintained and never altered.
 - 7.5.4. Ensure that data are protected against inadvertent or deliberate destruction, modification, or dissemination.



Exhibit A Amendment #3

- 7.5.5. Ensure procedures for backup, archiving, and disaster recovery for computer programs and NHSCR database.
- 7.5.6. Ensure that password are changed, access denied and other security procedures are in place to protect against ongoing access and sabotage when staff resign, are terminated, or no longer assigned to NHSCR contract.
- 7.6. Be responsible for maintaining the security and integrity of the NHSCR's data. The contractor shall re-process data at no additional cost to the DHHS in accordance with DHHS instructions if the DHHS or contractor finds that contractor has corrupted, altered, tampered with, or improperly coded/processed any data sets during the duration of the Contract.
- 7.7. Immediately report to the DHHS all errors or anomalies in the NHSCR data, which could reasonably be believed to suggest that security or integrity of the NHSCR or its data may be compromised. The contractor shall report to the DHHS the results of its analysis of the same and, in addition, the steps it has taken or intends to take to ensure security and integrity of the NHSCR and its data.
- 7.8 Report to DHHS within 24 hours any breach to the NHSCR data. The contractor shall be responsible for implementing appropriate policies, procedures and protocols to identify actively breaches or threatened breaches of the NHSCR security and integrity.

8. Training and Education

- 8.1. Provide consultation, technical assistance, and training to assure accurate, timely and complete data from reporters (registrars, medical record personnel, providers and abstractors) at reporting facilities.
- 8.2. The contractor shall provide technical assistance by phone or in person to individual reporting facilities and providers during normal weekday business hours; response time for telephone consultation shall be no longer than one working day after request is received or for onsite consultation, no longer than 10 working days.
- 8.3. The contractor shall assess the training needs of various reporting facilities; develop written guidance, policies and procedures for reporting facilities; and provide technical assistance and training for reporting facilities
- 8.4. Annually, convene state cancer registrars meeting to include educational and technical sessions to cancer registrars of New Hampshire hospitals to foster compliance with reporting requirements as developed by the DHHS.
- 8.5. Provide, as needed, web-based training and education sessions to cancer registrars of New Hampshire hospitals on topics identified by the contractor in consultation with DHHS that will help improve cancer reporting. These may include instruction on proper cancer coding; use of edit sets; new software etc.



9. Quality Control and Assurance (QA/QC) Activities

- 9.1. Carry out quality assurance and control activities to assure appropriate data coding, consolidation and documentation, and assure complete case ascertainment and high quality data from all reporting sources in accordance with NH rules and regulations, NAACCR, and NPCR standards.
- 9.2. Implement a QA/QC implementation plan (including timeline) which at minimum includes the following activities and routine operations:
 - 9.2.1. Assignment of qualified individuals to perform QA/QC activities;
 - 9.2.2. A routine schedule for edits and internal management reports;
 - 9.2.3. A routine schedule for internal audits for QA/QC and data security and provision of these reports to DHHS. The plan shall include written procedures for the internal monitoring of quality assurance procedures and written procedures /steps implemented if quality control goals are not met;
 - 9.2.4. Procedures for documenting edits/changes made to data during processing;
 - 9.2.5. Routine training, assessment and professional development of the contractors' staff.
- 9.3. Perform case finding activities utilizing traditional and non-traditional sources to assure timeliness and completeness of cancer reporting.
- 9.4. By October 31, 2016, obtain from each reporting hospital "diagnostic index" for case finding at all hospital reporting facilities. A diagnostic index is a detailed patient listing of all discharges meeting certain definitions in medical records coding. The contractor shall encourage facilities to submit electronic diagnostic indices.
- 9.5. By October 31, 2016, the contractor shall complete Death Clearance activities as described above in sections 4.4 and 4.5.
- 9.6. For each hospital, as resources allow, the key variables specified by NPCR will be selected for visual editing of 25 cases at least every 5 years for experienced registrars, but up to annually for less experienced registrars or registrars who have not achieved an error rate of <2%. If, after review and discussion with the hospital registrar, the error rate identified in total from these fields in the reports is greater than 2%, then the NHSCR will continue to visually edit cases from that hospital and will work with the hospital registrar to improve abstracting.
- 9.7. Cleanliness of the database shall be, at a minimum, in accordance with accepted NAACCR standards. A 2% error rate threshold shall be the guide for visual editing of hospital registry accuracy.

10. Reporting Activities

- 10.1. By October 31, 2016, produce timeliness and completeness reports by hospital to monitor case reporting activities. Supply aggregate timeliness and completeness reports to DHHS



Exhibit A Amendment #3

on a quarterly basis, stating which hospitals are delinquent in their reporting and the steps taken to improve reporting from delinquent hospitals.

- 10.2. Provide the DHHS with a commentary relating to the annual reports provided by NPCR and NAACCR. Contingent upon receipt of complete death certificate data from New Hampshire Vital Records provide an annual report monitoring completeness estimating the percent of cases with histological verification (HV%). Submit a report to DHHS upon completion of the contract period or reasonable amount of time when the NAACCR and NPCR reports are available.
- 10.3. Prepare and submit to the DHHS staff a review of contract progress by August 15th of the contract period.
- 10.4. Cooperate with any audit of NHSCR for data quality by NPCR or NPCR designated contractor. Submit to DHHS a summary of this audit upon completion.
- 10.5. Upon approval from the DHHS, the contractor shall submit finalized datasets to NAACCR and to NPCR as specified by the NAACCR and NPCR standards and Call for Data requirements. The contractor shall submit copies of each of these submissions to DHHS.
- 10.6. Provide cancer case data to and receive data from states with which DHHS has a data exchange agreement, in accordance with the terms of the exchange agreement. The data shall be submitted using the agreed upon NAACCR format and will have been edited to the best extent possible. The DHHS currently has exchange agreements with seven (7) states and additional agreements may be executed by the DHHS during the life of this contract and shall be accommodated by the contractor.
- 10.7. Upon approval of the DHHS, provide selected health researchers, with electronic copies of NHSCR data for certain specific data elements requested and cleared by DHHS.
- 10.8. Upon approval from the DHHS, provide data to the Vermont Breast and Cervical Program for breast and cervical cancer cases among Vermont residents diagnosed in New Hampshire in accordance with the program's approved application for data release by DHHS.
- 10.9. Upon approval from the DHHS, provide breast cancer case data to the NH Mammography Network in accordance with the program's approved application for data release by DHHS; receive cancer case data from the NH Mammography Network.
- 10.10. Upon approval from the DHHS, provide colorectal cancer case data to the NH Colorectal Cancer Screening Program in accordance with the program's approved application for data release by DHHS.
- 10.11. Direct any requests for data or analysis of NHSCR data from researchers, the media or general public to the DHHS within three (3) working days of receipt of the request.

11. Other Programmatic Activity

- 11.1. The Contractor shall make available key personnel to meet with appropriate DHHS personnel, as requested, to discuss policies and procedures, ongoing activities, contract



Exhibit A Amendment #3

deliverables, performance measures, review contract performance and transition to new contractor, etc.

- 11.2. The Contractor may include travel funds for appropriate staff to attend the National Cancer Registrars Association (NCRA) and NAACCR meetings annually for staff development.
- 11.3. Participate as an active member when needed in New Hampshire Comprehensive Cancer Collaboration.
- 11.4. Participate as an active member with DHHS to collaborate in applying for grants that DHHS is interested, regardless as to who receives the actual funding. Both DHHS and contractor agree to consider the others' expenses and needs for operation and program growth when applying for grants and distribution of financial resources when funding is received.
- 11.5. Provide Ad-hoc services related to cancer epidemiology. Working with DHHS staff at DHHS offices, the time spent may be up to 12 hours per week on such tasks, as long as suitably qualified staff is available. These tasks will be mutually agreed upon by the contractor and the DHHS, and supervised by the DHHS staff. Tasks associated with these services may include:
 - 11.5.1. Assist in the preparation of data and narrative for the annual cancer report for New Hampshire;
 - 11.5.2. Assist in the investigation of cancer clusters and response to concerns about the occurrence of cancer clusters in New Hampshire;
 - 11.5.3. Assist with the preparation of manuscripts for publication and develop preparatory materials for professional meetings based on the DHHS needs.
 - 11.5.4. Enter into agreements with other organizations as needed for processing data according to the NPCR standards; for example, with the National Death Index to obtain death data, and with the Veterans Administration to obtain VA cancer.

12. Centers for Disease Control and Prevention (CDC) Cooperative Agreement Activities

- 12.1. Assist in drafting goals and program objectives, progress reports and NHSCR budgets as requested by DHHS for the purposes of the New Hampshire's application for the CDC Continuing Cooperative Agreement for Enhancement of State Cancer Registries.
 - 12.1.1. Provide all contractor-specific documentation and assurances necessary for the application.
 - 12.1.2. The contractor agrees that the application for the CDC Cooperative Agreement will be submitted for and all funding will be awarded to the DHHS;
 - 12.1.3. Identify contractor contributions to the NHSCR effort, not state general funds or federal funds that would be applied to a direct or in-kind match that may be required for application for the CDC cooperative agreement;



Exhibit A Amendment #3

- 12.1.4. Informs the DHHS within one (1) working day of any cooperative agreement related inquiries by CDC project or grants management staff;
- 12.1.5. Appropriate representatives from the contractor staff shall represent the NHSCR on the NPCR and NAACCR- task force, users group and or committees to learn recent updates, issues and share NH experiences with all other states and will keep DHHS fully informed of all such activities;
- 12.1.6. Where appropriate, NHSCR will communicate directly with NPCR and NAACCR on technical matters of cancer surveillance, standards and submissions to NPCR and NAACCR and will keep DHHS fully informed of all such activities.

13. Transition Activities

- 13.1. If Contractor is not able to fulfill the terms of this contract and solicitation of a new vendor is necessary, the Contractor shall assist with the transition to a new vendor. Within two (2) months of the end of the contract term, the Contractor shall:
 - 13.1.1. Provide the new vendor with a copy of the latest version of the NHSCR database; the reporters' database; preregistration log; and the original copies of all the backups of the database.
 - 13.1.2. Write up procedures used to purge all NHSCR data from vendor's hardware and send the procedures to DHHS for review and approval. After approval of the procedures by the DHHS, purge all NHSCR data from the hardware of vendor.
 - 13.1.3. Within 30 days before the end of the contract period train up to four people employed by the new (incoming) vendor, by means of a reasonable exchange of information on administration of the NHSCR database, including an overview of reporters and data exchange processes with other states. The training is anticipated to involve at least the vendor's database manager and QA supervisor for approximately two days
 - 13.1.4. Provide the DHHS with any: hard copy of abstracts and pathology reports submitted by reporting facilities; electronic diskettes; and all documentation of interaction with reporting facilities.
 - 13.1.5. Provide DHHS with a hard and electronic copy of the latest version of the operation manual; system security and integrity manual; and all other materials developed for the work process of NHSCR during the contract process.
 - 13.1.6. Close the web access for reporting facilities so that facilities can no longer upload data of NHSCR data to the incumbent vendor.

14. Deliverables and Key Performance Indicators

- 14.1. The Contractor shall ensure that following performance indicators in Table 1 are achieved and monitored monthly to measure the effectiveness of the agreement.



Exhibit A Amendment #3

- 14.1.1. All date references in Table 1 shall be used for this contract unless otherwise specifically noted in the main body of this contract.
- 14.1.2. All time periods are calendar days and not business days unless otherwise specifically noted in the main body of this contract.
- 14.2. The Contractor shall develop and submit to the DHHS, a corrective action plan for any deliverable and/or performance indicator that was not achieved.

TABLE 1

Description of Key Variables	Section Number	Initial Term
Work Plan	2.1	30 days
Fully Qualified Staff	2.2	30 days
Allow DHHS Participation	2.4	Ongoing
Case Reporting	3 - 4	Ongoing
Create/Update operation manual	4.7	30 days & ongoing
IT infrastructure/Webserver	5.6	30 Days
Install Registry Software and prior data	5.7 - 5.8	30 days
Processes for laboratory and pathology reports	4 - 5	30 days
Reporters database	5.9	30 days
Registration log	5.10	30 days
Upgrade/Replace software	5.11	ongoing
DHHS data access	5.12- 5.13	30 days & as needed
Procedures for Consolidation of cases and reports	6.1	30 days
Run edit checks	6.3	Ongoing
Geocoding	6.4.2	Ongoing
System security and policies and procedures	7.2-7.3	14-60 days
Responsibility for consultation/assessment	8.1-8.2	Ongoing
QA/QC Plan	9.2	30 Days
Case Finding and Diagnostic Indices	9.4	October 31 2016
Death Clearance	9.5	October 31 2016
Quarterly Facility Reports	10.1	Once in 4 months
Progress Report	12.1	August 15 2016
Extract of Incidence dataset	10.6	Ongoing
Interstate Data Exchange	10.8	Ongoing
Release of Data to researchers	10.9	Ongoing
Attend Meetings	11.2	Ongoing
CDC Cooperative Agreement Activities	12	Ongoing
Transition Activities	13	2 months

Exhibit B-1 Amendment #4 SFY 2017 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Trustees of Dartmouth College

Budget Request for: NH State Cancer Registry Operations
(Name of RFP)

Budget Period: July 1, 2016 through October 31, 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 126,612.00	\$ 12,661.00	\$ 139,273.00	
2. Employee Benefits	\$ 37,985.00	\$ 3,799.00	\$ 41,784.00	
3. Consultants	\$ 25,242.00	\$ 2,524.00	\$ 27,766.00	
4. Equipment:				
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 900.00	\$ 90.00	\$ 990.00	
5. Supplies:				
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,320.00	\$ 132.00	\$ 1,452.00	
6. Travel	\$ 8,052.00	\$ 805.00	\$ 8,857.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses				
Telephone	\$ -	\$ -	\$ -	
Postage	\$ 1,320.00	\$ 132.00	\$ 1,452.00	
Subscriptions	\$ 816.00	\$ 82.00	\$ 898.00	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ 7,792.00	\$ 779.00	\$ 8,571.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 100.00	\$ 1,100.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Memberships	\$ 1,175.00	\$ 118.00	\$ 1,293.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 212,214.00	\$ 21,222.00	\$ 233,436.00	

Indirect As A Percent of Direct

10.0%

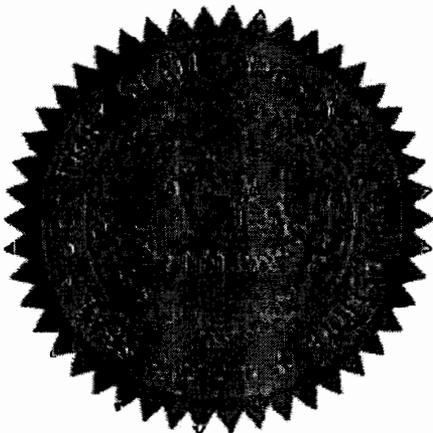
Exhibit B-1 - Budget

Contractor Initials: HA

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 our records show that a special corporate charter was granted to the TRUSTEES OF DARTMOUTH COLLEGE by the British Crown on December 13, 1769. I further certify that no fees are required to be paid to this office by this corporation.



IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of April, A.D. 2016

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

William M. Gardner
Secretary of State



BOARD OF TRUSTEES

CERTIFICATE

I, Marcia J. Kelly, hereby certify that I am Assistant Clerk of Trustees of Dartmouth College, a corporation created by Royal Charter and existing under the laws of the State of New Hampshire; that as Assistant Clerk I have custody of the records of meetings of the Board of Trustees of said corporation; and that at a meeting of said Board duly called and held on the 9th day of April, 2011 at which a quorum was present and acting throughout, the following vote was adopted:

VOTED: To approve the Signature and Requisition Authority Policy, effective July 1, 2011 or such earlier date as the Executive Vice President/Chief Financial Officer shall determine. The provisions of the Signature and Requisition Authority Policy shall take precedence over any previous inconsistent vote of the Board of Trustees.

I further certify that said Board voted to adopt amendments to the Signature and Requisition Authority Policy on March 3, 2012 (effective January 1, 2012), September 22, 2013, January 2, 2014, March 8, 2014, and November 8, 2014. The document is available on Dartmouth website at: <http://www.dartmouth.edu/~control/policies/signature-authority.html>.

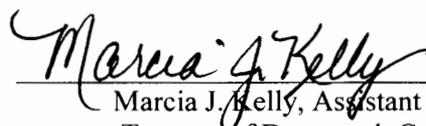
I further certify that said vote remains in full force and effect as of the date hereof and is not contrary to any provision of the Charter of said corporation.

I further certify that attached hereto is a true and correct copy of the Introduction and the Sponsored Activities Administration and Intellectual Property Transactions section (Appendix G) of the said Signature and Requisition Authority Policy.

I further certify that the following persons were appointed to the positions opposite their respective names and continue to serve in said positions as of the dates shown:

Jill Mortali	Director, Office of Sponsored Projects	September 15, 2008
Martin N. Wybourne	Vice Provost for Research	July 1, 2004
Christine Bothe	Associate Director, Office of Sponsored Projects	December 1, 2011
Aarron Clough	Assistant Director, Office of Sponsored Projects	January 1, 2013
Heather A. Arnold	Assistant Director, Office of Sponsored Projects	December 1, 2011

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the corporation this 29th day of April, 2016



Marcia J. Kelly, Assistant Clerk
Trustees of Dartmouth College



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2015

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).

PRODUCER Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797 J09254-DART-CASPR-15-16	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED THE TRUSTEES OF DARTMOUTH COLLEGE ATTN: CATHERINE LARK 53 S. MAIN STREET, SUITE 212 HANOVER, NH 03755	INSURER A: Pinnacle Consortium of Higher Ed VT RRRG	NAIC # 11980
	INSURER B: Zurich American Insurance Company	16535
	INSURER C: N/A	N/A
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PCHE2015-03	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP 9267272-05 SELF-INSURED FOR PHYSICAL DAMAGE	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> 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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER The State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
--	---



CERTIFICATE OF LIABILITY INSURANCE

7/1/2016

DATE (MM/DD/YYYY)

7/7/2015

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).

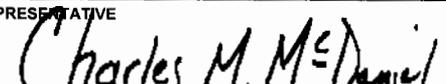
PRODUCER Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 1316233 Dartmouth College 53 South Main Street, Suite 212 Hanover NH 03755	INSURER A: American Casualty Company of Reading, PA		20427
	INSURER B: Midwest Employers Casualty Company		23612
	INSURER C: Transportation Insurance Company		20494
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES DARCO02 **CERTIFICATE NUMBER:** 13565662 **REVISION NUMBER:** XXXXXXXX

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A	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	2099375438 (AOS) 2099375472 (CA)	7/1/2015 7/1/2015	7/1/2016 7/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Excess Work Comp	N	N	EWC008364	7/1/2015	7/1/2016	WC - Statutory; EL Limit \$1,000,000

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

CERTIFICATE HOLDER 13565662 NH DHHS 129 Pleasant St. Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Dartmouth College

Office of Sponsored Projects
11 Rope Ferry Road #6210
Hanover, NH 03755-1404

TELEPHONE: (603) 646-3007

FAX: (603) 646-3670

EMAIL: sponsored.projects@dartmouth.edu

Dartmouth College Mission

Dartmouth College educates the most promising students and prepares them for a lifetime of learning and of responsible leadership, through a faculty dedicated to teaching and the creation of knowledge.

Since its founding in 1769 to educate Native students, English youth, and others, Dartmouth has provided an intimate and inspirational setting where talented faculty, students, and staff - diverse in background but united in purpose - contribute to the strength of an exciting academic community that cuts easily across disciplines.

Dartmouth is committed to providing the best undergraduate liberal arts experience and to providing outstanding graduate programs in the Geisel School of Medicine (founded 1797), the Thayer School of Engineering (1867), the Tuck School of Business (1900), and the graduate programs in the Arts and Sciences. Together they constitute an exceptional and rich learning environment. Dartmouth faculty and student research contributes substantially to the expansion of human understanding.

The College provides a comprehensive out-of-classroom experience, including service opportunities, engagement in the arts, and competitive athletic, recreational, and outdoor programs. Pioneering programs in computation and international education are hallmarks of the College. Dartmouth graduates are marked by an understanding of the importance of teamwork, a capacity for leadership, and their keen enjoyment of a vibrant community. Their loyalty to Dartmouth and to each other is legendary and is a sustaining quality of the College.

Dartmouth College

**Report on Federal Awards in Accordance
with OMB Circular A-133**

June 30, 2014

EIN #020222111

Dartmouth College
Report on Federal Awards in Accordance with OMB Circular A-133
Index
June 30, 2014

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Independent Auditor's Report

To the Board of Trustees of Dartmouth College:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Dartmouth College (the "College"), which comprise the consolidated statement of financial position as of June 30, 2014 and the related consolidated statements of activities, operating expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated 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 the consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the College's preparation and fair presentation of the consolidated 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 College'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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the College as of June 30, 2014, and the changes in its net assets, its operating expenses and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The summarized consolidated financial statements of the College as of June 30, 2013 and for the year then ended were audited by other auditors whose report, dated October 21, 2013, expressed an unmodified opinion on those statements.

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 20, 2014 on our consideration of the College's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the College's internal control over financial reporting and compliance.

PricewaterhouseCoopers LLP

Boston, Massachusetts
October 20, 2014

Dartmouth College

Statement of Financial Position

As of June 30, 2014, with comparative information as of June 30, 2013
(in thousands)

	2014	2013
Assets		
Cash and cash equivalents	\$ 200,750	\$ 240,195
Receivables and other assets, net	151,986	153,764
Investment related receivables	14,681	25,242
Pledges receivable, net	97,258	94,711
Investments	5,547,788	4,724,245
Land, buildings, equipment, and construction in progress, net	955,531	944,327
Total assets	\$ 6,967,994	\$ 6,182,484
Liabilities		
Accounts payable and other liabilities	\$ 72,532	\$ 67,985
Investment related payables	22,366	44,911
Deferred revenues and deposits	40,741	41,147
Liability for split-interest agreements	51,876	41,504
Pension and other employment related obligations	390,390	272,450
Bonds, mortgages, and notes payable, net	1,113,333	1,126,787
Interest rate swap liabilities, at fair value	141,219	133,222
Conditional asset retirement obligations	23,144	22,456
Government advances for student loans	20,443	20,332
Total liabilities	1,876,044	1,770,794
Net Assets		
Unrestricted	1,349,963	1,258,727
Temporarily restricted	2,561,992	2,101,508
Permanently restricted	1,179,995	1,051,455
Total net assets	5,091,950	4,411,690
Total liabilities and net assets	\$ 6,967,994	\$ 6,182,484

See accompanying notes to the financial statements.

Dartmouth College

Statement of Activities

For the year ended June 30, 2014, with summarized financial information for the year ended June 30, 2013

(in thousands)

				Total	
	Unrestricted	Temporarily Restricted	Permanently Restricted	2014	2013
Endowment Activities					
Gifts	\$ 53	\$ 7,779	\$ 135,624	\$ 143,456	\$ 28,047
Net investment return	183,022	592,836	1,595	777,453	404,762
Distributed for spending	(43,940)	(144,606)	-	(188,546)	(185,478)
Other changes	1,465	(1,373)	2,270	2,362	2,529
Amounts transferred (to) from other funds, net	1,456	(2,073)	515	(102)	(2,648)
Change in net assets from endowment activities	142,056	452,563	140,004	734,623	247,212
Operating Activities					
Revenues					
Tuition and fees	320,224	-	-	320,224	304,808
Student scholarships	(128,398)	-	-	(128,398)	(124,223)
Net tuition and fees	191,826	-	-	191,826	180,585
Sponsored research grants and contracts	177,539	-	-	177,539	181,517
Dartmouth College Fund and other gifts	76,767	8,817	-	85,584	90,332
Distributed endowment investment return	180,591	6,452	-	187,043	183,816
Other operating income	152,556	-	-	152,556	131,745
Auxillaries	72,195	-	-	72,195	65,496
Net assets released from restrictions	20,948	(20,948)	-	-	-
Total revenues	872,422	(5,679)	-	866,743	833,491
Expenses					
Academic and student programs	544,984	-	-	544,984	534,885
Sponsored programs	127,308	-	-	127,308	128,000
General institutional services	97,159	-	-	97,159	92,528
Auxillaries	83,659	-	-	83,659	79,860
Total expenses	853,110	-	-	853,110	835,273
Change in net assets from operating activities	19,312	(5,679)	-	13,633	(1,782)
Non-operating Activities					
Gifts	-	27,189	544	27,733	37,444
Other non-operating changes, net	30,222	302	-	30,524	30,430
Distributed endowment investment return	235	1,268	-	1,503	1,662
Increase/decrease in outstanding pledges	-	11,778	(9,231)	2,547	(48,065)
Pension and postretirement benefit related changes other than net periodic benefit costs	(103,413)	-	-	(103,413)	63,258
Disposals and non-capitalized expenditures	(11,248)	(681)	-	(11,929)	(22,392)
Change in unrealized gain (loss) related to interest rate swap agreements	(7,997)	-	-	(7,997)	83,084
Net assets released from restrictions	9,372	(9,372)	-	-	-
Amounts transferred (to) from endowment, net	12,697	(12,595)	-	102	2,648
Net change in split-interest agreements	-	(4,289)	(2,777)	(7,066)	641
Change in net assets from non-operating activities	(70,132)	13,600	(11,464)	(67,996)	148,710
Change in net assets	91,236	460,484	128,540	680,260	394,140
Net Assets, beginning of year	1,258,727	2,101,508	1,051,455	4,411,690	4,017,550
Net Assets, end of year	\$ 1,349,963	\$ 2,561,992	\$ 1,179,995	\$ 5,091,950	\$ 4,411,690

See accompanying notes to the financial statements.

Dartmouth College

Statement of Operating Expenses
 For the year ended June 30, 2014, with summarized financial information for the year ended June 30, 2013
 (in thousands)

	General Institutional Services				Total		Total Expenses	
	Academic & Student Programs	Sponsored Programs	Administrative Support	Facilities Operations & Maintenance	Development	Auxiliaries	2014	2013
Salaries and wages	\$ 234,535	\$ 56,287	\$ 27,981	\$ 18,149	\$ 10,300	\$ 64,633	\$ 349,404	\$ 300,971
Employee benefits	80,650	15,735	9,273	6,035	6,064	21,354	122,028	124,580
Fellowships and student support	10,908	3,620	-	-	-	-	15,018	14,672
Materials, equipment, and supplies	34,517	9,040	7,774	2,052	1,712	11,550	71,967	72,102
Purchased services	44,905	39,550	6,792	1,866	6,722	13,500	109,672	110,248
Utilities, lease, and occupancy	-	-	-	41,774	-	41,774	49,573	47,045
Depreciation	40,261	-	2,772	5,361	47	8,200	56,221	57,647
Logging, travel, and similar costs	21,093	2,813	1,037	66	2,074	3,179	27,274	29,094
Interest and amortization	-	-	-	22,953	-	22,953	24,376	24,334
Other expenses	3,220	263	1,250	100	369	1,719	5,983	4,657
	470,889	127,308	54,991	96,426	35,245	190,842	853,110	835,273
Facilities operation & maintenance	74,895	-	4,935	(89,216)	88	(93,400)	-	-
Total expenses for FY14	\$ 544,984	\$ 127,308	\$ 61,026	\$ -	\$ 35,333	\$ 97,199	\$ 833,659	\$ 833,110
Total expenses for FY13	\$ 534,483	\$ 126,100	\$ 60,092	\$ -	\$ 32,444	\$ 92,218	\$ 792,460	\$ 835,273

See accompanying notes to the financial statements.

Dartmouth College

Statement of Cash Flows

For the year ended June 30, 2014, with comparative information for the year ended June 30, 2013
(in thousands)

	2014	2013
Cash flows from operating activities		
Total change in net assets	\$ 680,260	\$ 394,140
Adjustments to reconcile total change in net assets to net cash used by operating activities:		
Depreciation and amortization	58,557	57,984
Change in estimated value of interest rate swap agreements	7,997	(83,084)
Change in estimated pension and post-retirement benefit obligation	110,337	(49,872)
Change in split-interest liability	10,372	-
Change in pledges receivable, net	(2,547)	48,065
Other non-cash transactions	12,141	8,318
Contributions, investment income, and other changes restricted for long-term investment	(152,481)	(63,557)
Net realized and unrealized gains	(849,311)	(442,883)
Changes in operating assets and liabilities:		
Receivables and other assets, net	(5,861)	20,996
Accounts payable and other liabilities	3,347	(5,647)
Deferred revenues and deposits	(406)	3,026
Employment related obligations	7,603	6,342
Net cash used by operating activities	<u>(119,992)</u>	<u>(106,172)</u>
Cash flows from investing activities		
Student loans granted	(8,150)	(6,861)
Student loans repaid	14,389	15,362
Purchases of land, buildings, and equipment	(78,687)	(82,836)
Proceeds from the sale of land, buildings, and equipment	77	473
Net change in split-interest agreements	-	(201)
Net change in unsettled trades	(11,984)	(41,968)
Purchases of investments	(4,270,901)	(4,583,645)
Sales and maturities of investments	4,296,669	4,678,047
Net cash used by investing activities	<u>(58,587)</u>	<u>(21,629)</u>
Cash flows from financing activities		
Proceeds from issuance of debt	-	4,900
Repayment of debt	(13,458)	(6,993)
Change in investments held by bond trustees	-	151
Contributions, investment income, and other changes restricted for long-term investment in:		
Facilities	7,942	23,606
Endowment, life income, and similar funds	144,539	39,951
Changes in government advances for student loans	111	140
Net cash provided by financing activities	<u>139,134</u>	<u>61,755</u>
Net change in cash and cash equivalents	<u>(39,445)</u>	<u>(66,046)</u>
Cash and cash equivalents, beginning of year	240,195	306,241
Cash and cash equivalents, end of year	<u>\$ 200,750</u>	<u>\$ 240,195</u>
Supplemental disclosure of cash flow information		
Cash paid for interest	\$ 52,357	\$ 52,149
Accounts payable related building and equipment additions	\$ 1,888	\$ 382
Contributed securities received	\$ 29,633	\$ 44,900

See accompanying notes to the financial statements.

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

A. Summary of Significant Accounting Policies

Description of Organization

Dartmouth College (Dartmouth) is a private, nonprofit, co-educational, nonsectarian institution of higher education with approximately 4,300 undergraduate and 2,100 graduate students. Established in 1769, Dartmouth includes the four-year undergraduate college, with graduate schools of business, engineering, and medicine, and several graduate programs in the Arts and Sciences.

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis. Dartmouth's financial statements include the accounts of its wholly owned subsidiaries and certain affiliated organizations over which it has financial control. The wholly owned subsidiaries and financially controlled entities include real estate corporations, which own real estate in the local area; the Dartmouth Education Loan Corporation (DELC), which provides scholarships and low-cost loans to Dartmouth students who are unable to finance their education through other sources; and various separately incorporated foundations, which support activities that enrich the experience of students and the community.

In accordance with U.S. generally accepted accounting principles (GAAP), net assets, revenues, gains, and losses are classified into three categories: unrestricted, temporarily restricted, or permanently restricted. Unrestricted net assets include all resources that are not subject to donor-imposed restrictions and therefore may be used for any purpose in furtherance of Dartmouth's mission. Under the authority of Dartmouth's management and Board of Trustees, in order to support Dartmouth's strategic initiatives, all or a portion of unrestricted net assets may be set aside in segregated Dartmouth-designated reserve accounts and earmarked for use in future years by specific departments, cost centers, or the professional schools, to cover program costs or contingencies. These Dartmouth-designated net assets include funds designated for operating initiatives, facilities, and long-term quasi-endowment. The purposes for which Dartmouth-designated net assets are earmarked may be changed under the authority of Dartmouth's management or Board of Trustees. The use of designated net assets is at the discretion of the responsible department. All expenses are recorded as a reduction of unrestricted net assets.

Temporarily restricted net assets carry donor-imposed restrictions on the expenditure or other use of contributed funds. Temporary restrictions may expire either because of the passage of time or because actions are taken to fulfill the restrictions. Temporarily restricted net assets include unexpended endowment return, unexpended restricted use gifts, term endowment funds, loan funds, certain uncollected pledges, and life income and similar funds. Donor-restricted resources intended for capital projects are released from their temporary restrictions and presented as unrestricted support when the related asset is placed in service. Temporarily restricted endowment distribution and donor-restricted gifts which are received, and either spent or deemed spent within the same fiscal year, are reported as unrestricted.

Permanently restricted net assets are those that are subject to donor-imposed restrictions which will never lapse, thus requiring that the net assets be retained permanently. Based upon a legal interpretation of New Hampshire State Law, Dartmouth has determined that appreciation on restricted endowment funds should be classified as temporarily restricted net assets until such time as the appreciation is appropriated by the Board of Trustees. Investment return from endowment activities that has been appropriated by Dartmouth's Board of Trustees is presented as an increase in operating or non-operating activities according to the unrestricted or temporarily restricted nature of the donor's intended use of the funds. In the case of quasi-endowment funds designated for long-term investment by Dartmouth, investment return that has been appropriated by Dartmouth's Board of Trustees is presented as an increase in unrestricted operating or non-operating activities, depending upon Dartmouth's intended use of the funds. Permanently restricted net assets consist of the original principal of endowment gifts, life income and similar funds, and certain pledges.

Comparative Financial Information

The 2014 financial statements are presented with certain prior-year comparative information summarized in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with Dartmouth's financial statements for the year ended June 30, 2013, from which the summarized information was derived.

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant estimates in these financial statements are the fair value of investments, interest rate swap agreements and bonds payable (for disclosure only), pension and postretirement benefit obligations, conditional asset retirement obligations, liabilities for self-insured programs and split-interest agreements, and allowances for uncollectible accounts and pledges receivable. Actual results could differ materially from these estimates, particularly during periods of investment and/or interest rate volatility.

Statement of Activities

Operating activities presented in the Statement of Activities consist of revenues earned, endowment net investment return appropriated by Dartmouth's Board of Trustees, and expenses incurred in conducting Dartmouth's programs and services. Auxiliary enterprises, primarily the operation of residence halls, dining services, and recreational facilities, are included in operating activities. Expenses such as development, public affairs, and central services and administration are reported as general institutional services. Depreciation and facilities operations and maintenance expenses are allocated to functional classifications of expenses based on the square footage of each building. Interest expense is allocated to functional classifications of expenses based on the use of each building that has been debt financed.

Non-operating activities presented in the Statement of Activities consist of gifts, grants, investment income, other earnings, and endowment investment return appropriated by Dartmouth's Board of Trustees for loan programs and the construction, purchase or sale of capital assets, non-capitalizable construction in progress, net change in life income and similar split-interest agreements, the net change in pledges receivable, the net change in the estimated value of interest rate swap agreements, and postretirement benefit changes other than net periodic benefits costs.

Endowment activities presented in the Statement of Activities consist of gifts that are restricted by donors to invest in perpetuity, amounts designated by Dartmouth's management and Board of Trustees for long-term investment, the net investment return on these invested funds, and the annual distribution of an amount appropriated by Dartmouth's Board of Trustees to support operating and non-operating activities. Other endowment activities include increases in endowment net assets from certain matured split-interest agreements.

Endowment and non-operating activities also include transfers of net assets that occur when donors change the restrictions on certain gifts or when Dartmouth changes the designation of unrestricted funds.

Cash and Cash Equivalents

Cash and cash equivalents consist principally of U.S. treasury funds, money market accounts, certificates of deposit, commercial paper, and liquid short-term investments with maturities of 90 days or less at the date of acquisition. Cash and cash equivalents are carried at cost, which approximates fair value.

Tuition and Fees and Student Scholarships

Tuition and fees revenue is recognized in the fiscal year in which substantially all of the academic program occurs. Tuition and fees revenue from undergraduate enrollment represents approximately 66 percent of tuition and fees revenue. Student scholarships provided by Dartmouth are presented in the Statement of Activities as a reduction in tuition and fees revenue. In addition, Dartmouth acts as an agent for recipients of scholarships from other sponsors in the amounts of \$5,375,000 and \$5,822,000 for the years ended June 30, 2014 and 2013, respectively, which are not presented in the Statement of Activities.

Dartmouth admits students to its undergraduate program without regard to financial need. The financial aid program assists all students with demonstrated need, defined in accordance with a uniform formula, by providing a mix of scholarships, loans and/or employment designed to cover costs of attendance when combined with student and family contributions, based on ability to pay.

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

Sponsored Research Grants and Contracts

Revenues from government and private sponsored research grants and contracts are recognized when the direct costs associated with the sponsored program are incurred. Revenue from the reimbursement of facilities and administrative costs incurred by Dartmouth on U.S. government grants and contracts is based upon negotiated predetermined cost rates through June 30, 2015. Dartmouth recovered facilities and administrative costs of approximately \$42,754,000 and \$44,241,000 during the years ended June 30, 2014 and 2013, respectively.

Taxes

Dartmouth is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code (the Code), except with regard to unrelated business income, which is taxed at corporate income tax rates. Dartmouth is also subject to state and local property tax on the value of dormitories and dining and kitchen facilities in excess of \$150,000, as well as on the value of its off-campus rental properties, commercial properties, and other real estate holdings to the extent they are not used or occupied for Dartmouth's tax exempt purposes. Certain Dartmouth real estate entities are exempt from federal income tax under Sections 501(c)(2) and 501(c)(25) of the Code. As of June 30, 2014, tax years ended June 30, 2011 through June 30, 2013 remain open and are subject to federal and state taxing authority examination. Dartmouth believes it has taken no significant uncertain tax positions.

Affiliation with Dartmouth-Hitchcock Medical Center

Dartmouth, through the Geisel School of Medicine (Geisel), is a member of the Dartmouth-Hitchcock Medical Center (DHMC), a confederation of health care organizations intended to coordinate medical education and health care delivery for the residents of New Hampshire and Vermont. DHMC is a nonprofit, tax-exempt corporation organized under New Hampshire State Law. The other members of DHMC are: (i) Mary Hitchcock Memorial Hospital (Hitchcock Hospital), (ii) Dartmouth-Hitchcock Clinic (Clinic), and (iii) Veterans Administration Medical Center of White River Junction, Vermont (VAMC). The staff of the Clinic serves as the primary resource for Geisel clinical faculty, with the Hitchcock Hospital and the VAMC acting as principal sites of clinical instruction for Geisel students. Each member of DHMC is a separately organized, governed, and operated institution, with Dartmouth having no ownership interest in any other member.

Certain costs, including salaries, facilities use (including construction planning and management, and facilities operation and maintenance), and direct and indirect research, incurred by Geisel and the other members of DHMC are shared among the members based on negotiated allocations of the costs on an annual or project specific basis. The members of DHMC, excluding the VAMC, are also parties to a Condominium Ownership Agreement that governs the ownership and operation of the DHMC facilities. During the years ended June 30, 2014 and 2013, Dartmouth paid approximately \$26.4 million and \$27.6 million, respectively, and received approximately \$30.0 million and \$28.5 million, respectively, in connection with these arrangements.

Insurance

Dartmouth maintains several insurance arrangements with the objective of providing the most cost effective and comprehensive coverage for most insurable risks. Both conventional and alternative insurance coverage approaches, including utilization of appropriate deductible or self-insured retention amounts, are in place to cover trustee errors and omissions and employment practices, crime bond, commercial general and automobile liability, pension trust fiduciary errors and omissions liability, and property losses. Workers' compensation losses are covered by a self-insured retention and excess insurance program. Dartmouth currently participates in three risk retention groups that provide general liability and professional and medical malpractice liability insurance.

Dartmouth's annual premium payments for conventional insurance coverage are included in operating expenses. Estimated liabilities for losses under Dartmouth's deductible and/or self-insurance retention limits are reflected in the Statement of Financial Position, which includes estimates for known losses and for losses incurred but not yet reported. Insurance reserves are based on actuarial analysis and/or estimates of historical loss experience, and while management believes that the reserves are adequate, the ultimate liabilities may be different than the amounts provided.

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

Gifts and Pledges Receivable

Total contributions to Dartmouth include gifts that are received and the net change in pledges receivable during a period. Gifts, pledges and pledge payments are recognized as increases in the appropriate category of net assets in the period the gift or pledge is received. The net change in total pledges is recorded as a net increase (decrease) in non-operating activities in the Statement of Activities. Contributions of capitalizable assets other than cash are recorded at their estimated fair value at the date of gift. Pledges are stated at the estimated present value of future cash flows, net of an allowance for uncollectible amounts. Conditional promises to give are not recognized until the conditions on which they depend are substantially met.

Investments

Investments are reported at fair value in accordance with GAAP. Purchases and sales of securities are recorded on the trade date, and realized gains and losses are determined on the basis of the average cost of securities sold. Cash and cash equivalents designated for investment purposes is included in investments and may include money market funds, foreign currency held for investment purposes, and fixed income securities with an original or remaining maturity of three months or less when purchased. Advance contributions to commingled fund investments and redemptions receivable from commingled fund investments at June 30, 2014 are included within Investments as presented on the Statement of Financial Position.

For investments held directly by Dartmouth for which an active market with quoted prices exists, the market price of an identical security is used as fair value. Fair values for shares in commingled funds are based on the quoted market value or share prices reported as of the last business day of the fiscal year. Dartmouth's interest in certain other commingled funds and private partnership interests are reported at the net asset value (NAV) as determined by the external fund manager. As permitted by GAAP, Dartmouth uses NAV as a practical expedient to estimate the fair value of Dartmouth's ownership interest, unless it is probable that all or a portion of the investment will be sold for an amount different from NAV. Dartmouth performs due diligence procedures related to these investments to support recognition at fair value at fiscal year-end. Because many of these investments are not readily marketable, the estimates of fair value involve assumptions and estimation methods which are uncertain, and therefore the estimates could differ from actual results.

Commencing in fiscal year 2014, Dartmouth extended its accounting closing process related to receiving valuations from private investment managers. This extension allowed Dartmouth to improve the accuracy of reporting private investment values at fiscal year-end. As a result of this extension, a previously unreported unrealized gain from June 30, 2013 of \$59,432,000 was recorded within the \$777,453,000 net investment return for the year ended June 30, 2014 on the Statement of Activities. Dartmouth assessed the impact of the \$59,432,000 out-of-period unrealized gain adjustment on both the 2013 and 2014 fiscal years and has concluded that it is immaterial.

Directly held real estate is reflected at fair value in accordance with Dartmouth's valuation policy. The valuation policy includes: the estimated price that would be received from the sale of the asset in an orderly transaction between market participants, prices determined by independent external appraisals for at least one third of the properties in a given year, or at cost which approximates fair value for properties held for less than a year or which are being actively developed.

Total investment return (interest, dividends, rents, royalties, and net realized and unrealized gains and losses) earned by Dartmouth's endowment investments is included in endowment activities on the Statement of Activities, while the net income earned by the non-endowment investments is included in other operating or non-operating income on the Statement of Activities. Dividend income is recognized net of applicable withholding taxes on the ex-dividend date. Non-cash dividends are recorded at the fair value of the securities received. Interest income and expenses are recorded net of applicable withholding taxes on the accrual basis of accounting. Dartmouth amortizes bond premiums and accretes bond discounts using the effective yield method and when cash collection is expected. Fees charged by external investment managers are generally based on contractual percentages of the fair market value of assets under management or on annual total investment return and are, in most cases, netted against investment return. However, certain expenses paid directly by Dartmouth for investment management and custody services, including certain internal costs, amounted to approximately \$11,947,000 and \$12,970,000 for the years ended June 30, 2014 and 2013, respectively, and have been netted against endowment return and other operating and non-operating income in the accompanying Statement of Activities.

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

The asset allocation of Dartmouth's investment portfolio involves exposure to a diverse set of markets. The investments within these markets involve various risks such as price, interest rate, market, sovereign, currency, liquidity, and credit risks. Additionally, the investments in real assets and direct real estate expose Dartmouth to a unique set of risks such as operational, environmental, and political risks. Dartmouth anticipates that the value and composition of its investments may, from time to time, fluctuate substantially in response to any or all of the risks described herein.

Endowment

Dartmouth's endowment and similar funds consist of gifts restricted by donors and unrestricted net assets designated by management and the Board of Trustees for long-term support of Dartmouth's activities, and the accumulated investment return on these gifts and designated net assets. Accumulated investment return consists of endowment net investment return that has not been appropriated by the Board of Trustees for expenditure to support Dartmouth's operating and non-operating activities. Generally, only a portion of accumulated net investment return is made available for spending each year in accordance with a Board of Trustees-approved endowment utilization policy and New Hampshire State Law. However, certain donor restricted endowment funds do allow for the expenditure of principal, and Dartmouth-designated endowment funds are unrestricted net assets that may be re-designated for authorized expenditures.

Giving consideration to the New Hampshire Uniform Prudent Management of Institutional Funds Act (UPMIFA), Dartmouth classifies as permanently restricted net assets all endowment funds that must be retained permanently in accordance with stipulations imposed by a donor at the time of a gift, plus the original value of assets donated to permanent endowment, along with any investment earnings that are directed by the donor to be reinvested in perpetuity (i.e., historic book value). The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

Unrestricted endowment net assets include Dartmouth funds and certain unrestricted gifts from donors, and any accumulated investment return thereon, which may be expended; however, by trustee or management designation, these net assets may remain invested in the endowment for the long-term support of Dartmouth activities. Investment return on unrestricted endowment net assets and the annual distribution of a portion of accumulated investment return to operating and non-operating activities are presented as changes in unrestricted net assets in the Statement of Activities. Temporarily restricted endowment net assets include certain expendable endowment gifts, and any retained income and appreciation thereon, which are restricted by the donor to a specific purpose or by law. When the temporary restrictions on these funds have been met, the gifts ordinarily remain in the endowment by trustee designation to continue supporting the same activities as those specified by the donors, but the net assets are reclassified to unrestricted endowment net assets. Investment return on temporarily and permanently restricted net assets are generally presented as changes in temporarily restricted net assets in the Statement of Activities.

Split-Interest Agreements

Certain donors have established irrevocable split-interest agreements with Dartmouth, primarily charitable gift annuities, pooled life income funds, and irrevocable charitable remainder trusts, whereby the donated assets are invested and distributions are made to the donor and/or other beneficiaries in accordance with the agreement for a specified period of time, after which time the remaining assets and future investment return are retained by Dartmouth. At the discretion of the donor, Dartmouth may or may not serve as trustee for the split-interest agreement.

Dartmouth has recorded the estimated fair value of the investments associated with irrevocable split-interest agreements and an estimated liability, using a discount rate of 2.2% for FY14 and 1.2% for FY13, for the net present value of the future cash outflows to beneficiaries of the agreements for which Dartmouth serves as trustee. When Dartmouth is not the trustee of the assets associated with a split-interest agreement, a receivable for Dartmouth's beneficial interest is established when Dartmouth is notified of the trust's existence and when the third-party trustee has provided Dartmouth with sufficient reliable information to estimate the value of the receivable, which the College considers a Level 3 measurement. Dartmouth requests information regularly from third-party trustees for financial reporting purposes; however, these trustees are not obligated to provide Dartmouth with the information necessary to estimate fair value and record the asset. Dartmouth respects the privacy of donors and trustees in these limited instances. Dartmouth reports the net change in split-interest agreements as a non-operating change in net assets in the Statement of Activities.

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

Land, Buildings, Equipment, and Construction in Progress

Land, buildings, equipment, and construction in progress are recorded at cost at the date of acquisition or, if acquired by gift, at the estimated fair value as of the date of the gift. Purchases, construction, and renovations of assets which exceed Dartmouth's specified dollar threshold and have a useful life greater than one year are capitalized, while scheduled maintenance and minor renovations of less than that amount are charged to operations.

Land, buildings, and equipment are reflected net of accumulated depreciation calculated on a straight-line basis over the following estimated economic lives.

Buildings and building components	10 - 50 years
Depreciable land improvements	15 - 20 years
Equipment	5 - 20 years

Depreciation expense for facilities that are primarily used for sponsored research is based on the estimated economic lives of each component.

Collections

Dartmouth's collections include works of art, literary works, historical treasures, and artifacts that are maintained in its museum and libraries. These collections are protected and preserved for public exhibition, education, research, and the furtherance of public service. Each of the items is cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously. The collections are subject to a policy that requires proceeds from their sale to be used to acquire other items for collections.

The collections, which were acquired through purchases and contributions since Dartmouth's inception, are not recognized as assets in the Statement of Financial Position. Purchases of collection items are recorded in the Statement of Activities as non-operating decreases in unrestricted net assets in the year in which the items are acquired or in temporarily restricted net assets if the assets used to purchase the items are restricted by donors. Contributed collection items are not recorded in the financial statements.

B. Receivables and Other Assets

Receivables and other assets consisted of the following at June 30 (in thousands):

	<u>2014</u>	<u>2013</u>
Student accounts	\$ 3,039	\$ 2,334
Sponsored research grants and contracts	19,667	20,162
Other accounts	46,396	44,008
Notes and student loans	68,800	75,039
Less: allowance for uncollectible accounts	<u>(4,047)</u>	<u>(2,979)</u>
Receivables, net	\$ 133,855	\$ 138,564
Prepaid costs, inventories, and other assets	<u>18,131</u>	<u>15,200</u>
Total receivables and other assets, net	<u>\$ 151,986</u>	<u>\$ 153,764</u>

Federally sponsored student loans with mandated interest rates and repayment terms are subject to significant restrictions as to their transfer and disposition. Amounts received from the Federal government to fund a portion of the Perkins student loans are ultimately refundable to the Federal government and are classified as government advances for student loans in the Statement of Financial Position. Due to the nature and terms of student loans funded by the Federal government, and restricted and unrestricted Dartmouth funds, it is not practical to estimate the fair value of such loans. All other receivables are carried at estimated net realizable value.

Dartmouth College
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C. Gifts and Pledges Receivable

Gifts and pledge payments received during the years ended June 30 were as follows (in thousands):

	<u>2014</u>	<u>2013</u>
Gifts to support operations	\$ 85,584	\$ 90,332
Gifts for:		
Facilities and student loans	8,012	23,626
Other restricted uses	12,875	2,713
Endowment	143,456	28,047
Split-interest agreements	<u>6,846</u>	<u>11,105</u>
Total gifts and pledge payments	\$ <u>256,773</u>	\$ <u>155,823</u>

Unconditional pledges as of June 30 are expected to be realized in the following periods, discounted at rates ranging from 0.07% to 6.2% (in thousands):

	<u>2014</u>	<u>2013</u>
In one year or less	\$ 53,056	\$ 60,024
Between one year and five years	50,313	47,921
Six years and after	<u>5,038</u>	<u>1,531</u>
Gross pledges receivable	\$ 108,407	\$ 109,476
Less: present value discount	(3,700)	(3,083)
Less: allowance for uncollectible pledges	<u>(7,449)</u>	<u>(11,682)</u>
Pledges receivable, net	\$ <u>97,258</u>	\$ <u>94,711</u>

The change in net pledges receivable is presented as a non-operating activity in the Statement of Activities.

D. Investments

Investments at fair value consisted of the following at June 30 (in thousands):

	<u>2014</u>	<u>2013</u>
Endowment investments	\$ 4,535,783	\$ 3,802,047
Split-interest agreement investments	125,245	111,744
Operating and other investments	<u>886,760</u>	<u>810,454</u>
Total investments	\$ <u>5,547,788</u>	\$ <u>4,724,245</u>

The framework for measuring fair value utilizes a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are as follows:

Level 1 - Quoted prices (unadjusted) in active markets for identical investments as of the reporting date. The type of investment in Level 1 includes actively listed equities, US Treasury securities, and exchange traded and registered funds all held directly by Dartmouth, and excludes listed equities and other securities held indirectly through commingled funds.

Level 2 - Pricing inputs, including broker quotes, are generally those other than exchange quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies. The type of investments in Level 2 includes fixed income securities, derivatives, and commingled funds that are valued using NAV and are redeemable within 90 days as of the reporting date.

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Level 3 - Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. The type of investments in Level 3 includes illiquid partnership interests, directly held real estate, and other commingled funds that are valued using NAV and are redeemable more than 90 days from the reporting date.

The inputs or methodology used to value or classify investments for financial reporting purposes is not necessarily an indication of the risk associated with investing in those investments.

The following table summarizes Dartmouth's assets that are reported at fair value by their fair value hierarchy classification as of June 30, 2014 (in thousands):

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Investments:				
Cash and cash equivalents	\$ 246,979	\$ -	\$ -	\$ 246,979
Fixed income ¹	199,019	223,254	458	422,731
Global equity:				
US equity	587,875	243,987	374,479	1,206,341
International	18,014	231,936	-	249,950
Emerging markets	48,548	136,360	10,735	195,643
Marketable alternative strategies	-	218,858	869,982	1,088,840
Private equity/venture capital	-	-	1,033,804	1,033,804
Real assets:				
Real estate	17,108	-	571,217	588,325
Other real assets	75,536	-	256,412	331,948
Other investments	-	116	7,683	7,799
Contribution in Advance	40,000	-	-	40,000
Redemption Receivable	135,428	-	-	135,428
Total investments	<u>\$ 1,368,507</u>	<u>\$ 1,054,511</u>	<u>\$ 3,124,770</u>	<u>\$ 5,547,788</u>

¹ Fixed income includes privately held bonds.

The following table lists specified investment terms by asset category for Dartmouth's interest in certain commingled funds and private partnership interests that are reported at NAV as of June, 30, 2014 (in thousands):

	<u>Redemption Terms</u>	<u>Days Notice</u>	<u>Unfunded Commitment</u>	<u>Remaining Life</u>
Global equity:				
US equity ¹	Ranges from quarterly to bi-annually	60 - 90	\$ -	Not applicable
International	Ranges from monthly to quarterly	6 - 60	-	Not applicable
Emerging markets	Ranges from monthly to bi-annually	30 - 120	-	Not applicable
Marketable alternative strategies ²	Ranges from quarterly to every three years	60 - 180	-	Not applicable
Private equity/venture capital	Illiquid	Not applicable	310,148	1 - 12 years
Real assets:				
Real estate	Illiquid	Not applicable	126,232	1 - 12 years
Other real assets	Illiquid	Not applicable	109,430	1 - 20 years
Total			<u>\$ 545,810</u>	

¹ US equity includes funds that have restrictions on the ability to fully redeem up to five years.

² Marketable alternative strategies includes funds that have restrictions on the ability to fully redeem up to five years, excluding illiquid securities and special investments.

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The following table summarizes Dartmouth's assets that are reported at fair value by their fair value hierarchy classification as of June 30, 2013 (in thousands):

	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Assets:						
Investments:						
Cash and cash equivalents	\$ 238,098	\$ -	\$ -	\$ 238,098	Daily	1
Fixed income ¹	165,274	234,258	1	399,533	Daily-Monthly	1
Global equity:						
					Daily-	
US equity ²	459,670	260,862	219,113	939,645	Bi-annual	1-90
International	16,841	130,827	-	147,668	Daily - Monthly	1-10
Emerging markets ³	42,425	131,686	18,271	192,382	Daily - Annual	1-120
					Quarterly-	
Marketable alternative strategies ⁴	-	193,253	825,199	1,018,452	Annual	30-180
Private equity/venture capital	-	-	902,367	902,367	Illiquid	Not Applicable
Real assets:						
Real estate	13,637	191,804	381,806	587,247	Daily - Illiquid	1 Day - Not Applicable
Other real assets	60,917	-	229,091	290,008	Daily - Illiquid	1 Day - Not Applicable
Other investments	-	1,797	7,048	8,845	Not Applicable	Not Applicable
Total investments	\$ 996,862	\$ 1,144,487	\$ 2,582,896	\$ 4,724,245		

¹ Fixed income includes privately held bonds.

² US equity includes funds that may have restrictions on the ability to fully redeem up to five years, excluding special investments and other securities that are non-marketable.

³ Emerging markets includes a fund that has a lock-up expiring on or before April 2015.

⁴ Marketable alternative strategies include two funds having initial lock-ups expiring on or before April 2014. Other funds may have restrictions on the ability to fully redeem up to three years, excluding illiquid securities and special investments.

At June 30, 2013, Dartmouth's outstanding commitments to limited partnerships totaled \$437,444,000. The anticipated draw down for these commitments is typically between 1 and 5 years with remaining fund lives typically between 1 and 12 years. The structure of these investments is such that there is no ability to redeem, and therefore these investments are considered illiquid.

The following tables present Dartmouth's activity for the fiscal years ended June 30, 2014 and 2013 for investments measured at fair value in Level 3 (in thousands):

	Marketable Alternative Strategies	Private Equity/Venture Partnerships	Real Assets	Other Assets	Total
Balance as of June 30, 2013	\$ 825,199	\$ 902,367	\$ 610,897	\$ 244,433	\$ 2,582,896
Acquisitions / purchases	124,500	90,065	40,041	31,713	286,319
Distributions / sales	(148,197)	(248,541)	(170,277)	(13,485)	(580,500)
Transfers In	41,913	-	193,571	62,380	297,864
Transfers Out	(77,925)	-	-	(25,536)	(103,461)
Investment income and realized gain	57,510	140,856	69,662	4,506	272,534
Change in unrealized gain on investments	46,982	149,057	83,735	89,344	369,118
Balance as of June 30, 2014	<u>\$ 869,982</u>	<u>\$ 1,033,804</u>	<u>\$ 827,629</u>	<u>\$ 393,355</u>	<u>\$ 3,124,770</u>

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	Marketable Alternative Strategies	Private Equity/Venture Partnerships	Real Assets	Other Assets	Total
Balance as of June 30, 2012	\$ 689,325	\$ 961,640	\$ 650,290	\$ 213,201	\$ 2,514,456
Acquisitions / purchases	103,000	73,721	50,990	23,101	252,812
Distributions / sales	(71,755)	(250,820)	(140,622)	(27,977)	(491,174)
Investment income and realized gains	57,928	139,423	57,711	10,262	265,324
Change in unrealized gain (loss) on investments	46,701	(23,597)	(7,477)	25,846	41,478
Balance as of June 30, 2013	<u>\$ 825,199</u>	<u>\$ 902,367</u>	<u>\$ 610,897</u>	<u>\$ 244,433</u>	<u>\$ 2,582,896</u>

Included in Other Assets in the above tables are fixed income, global equity, and other investments.

Transfers between levels of the fair value hierarchy are reported at the beginning of the reporting period in which they occur. Transfers from Level 3 to Level 2 are primarily due to changes in liquidity provisions of certain commingled funds available within 90 days of the measurement date. Transfers from Level 2 to Level 3 are primarily due to Dartmouth's evaluation of the liquidity terms of certain commingled funds. Effective July 1, 2013, Dartmouth considers its directly held real estate investments to be Level 3 investments based on the provision of additional transparency into the observability of inputs.

The following table provides quantitative information about the significant unobservable inputs used in the valuation of directly held real estate as of June 30, 2014. Investments in real estate represent the total asset value of each of the underlying property investments. Significant changes in any one third party appraisal input would likely not result in a significant change in fair value measurement to the directly held real estate portfolio, however, actual results could differ materially from these estimates particularly during periods of investment and/or interest rate volatility.

Valuation Technique	Fair Value ¹	Unobservable Inputs	Input Value(s)
Third party appraisal-income approach & comparable sales	\$ 183,007	Capitalization rate	6.50 - 9.00%
Tax assessed value - adjusted annually	19,484	Discount rate	8.00 - 12.00%
Net present value	1,229	State/Local equalization ratios	.947 - .993
Cost	593	Discount rate	3.17%
Total	<u>\$ 204,313</u>	Not applicable	Not applicable

¹The fair value may be determined using multiple valuation techniques.

The Fixed Income portfolio includes strategies based on capital preservation and predictable yield as well as more opportunistic strategies focused on generating return through price appreciation. These strategies generally include corporate debt securities, government securities, mortgage backed and asset backed securities and other financial instruments. The structures of these investments include directly held securities as well as investments through commingled funds and derivatives.

The Global Equity portfolio includes managers who primarily invest in public long-only and long/short equity securities with portfolios that are directionally exposed to the market. The structures of these investments include directly held securities as well as investments through commingled funds.

The Marketable Alternative Strategies portfolio includes investments in commingled funds whose managers employ discrete and blended strategies, including long/short equity, absolute return, market neutral, distressed and credit strategies. Funds with marketable alternative strategies generally hold securities or other financial instruments for which a ready market exists, and may include stocks, bonds, put or call options, swaps, futures, currency hedges, and other financial instruments.

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Dartmouth also invests in venture capital, private equity, real estate, other real assets, and other debt related strategies through private limited partnerships, which are illiquid. These investments often require the estimation of fair value by the general partner in the absence of readily determinable market values. The private portfolio is based primarily in the United States but includes managers who may invest globally. Real Estate investments also include real estate investment trust securities held through publically traded mutual funds as well as directly held real estate. Other real asset investments, in addition to natural resource limited partnerships, include an exchange traded fund with underlying exposure to commodities.

The following table sets forth the fair value of Dartmouth's derivative instruments by contract type as of June 30, 2014 and gains/losses related to derivative activities for the year ended June 30, 2014 (in thousands):

	Notional Exposure		Fair Value ¹		Net Gain/Loss ²
	Long	Short	Asset	Liability	
Foreign currency forward contracts	\$ 46,175	\$ (27,290)	\$ 327	\$ (581)	\$ (456)
Fixed income futures contracts	25,776	(67,458)	98	(71)	(712)
Interest rate swaps	-	-	-	-	170
Credit default swaps	8,421	(8,445)	58	(980)	(436)
Total	<u>\$ 80,372</u>	<u>\$ (103,193)</u>	<u>\$ 483</u>	<u>\$ (1,632)</u>	<u>\$ (1,434)</u>

¹The net fair value of these derivative instruments is included in the Statement of Financial Position as investments at fair value.

²The net gain/loss from these derivative instruments is presented in the operating and non-operating sections of the Statement of Activities as other operating income and other non-operating changes.

From time to time Dartmouth enters into foreign currency forward contracts and government bond futures and forwards to efficiently manage portfolio exposures to global currencies and interest rates. These instruments may be used to hedge the portfolio from unwanted currency and interest rate risk, but also to efficiently implement active duration and relative value currency strategies. Dartmouth is obligated to pledge to the appropriate broker cash or securities to be held as collateral, as determined by exchange margin requirements for futures contracts held. At June 30, 2014 and 2013, the fair value of Dartmouth's pledged collateral on futures contracts for investment purposes was \$426,000 and \$965,000 respectively and is included in investments on the Statement of Financial Position. At June 30, 2013, Dartmouth held forward contracts to buy foreign currencies in the amount of \$12,554,000 and to sell foreign currencies in the amount of \$7,482,000. The difference between the estimated notional value of open futures contracts to sell and purchase securities was a net long position of \$18,551,000 as of June 30, 2013.

From time to time Dartmouth enters into swap contracts for investment purposes. Interest rate swap contracts are used to efficiently manage portfolio exposures to interest rates. These instruments may be used to hedge the portfolio from unwanted interest rate risk, but also to efficiently implement active duration strategies. The notional amount of contracts that pay based on fixed rates and receive based on variable rates was \$15,100,000 at June 30, 2013. The fair value of the contracts at June 30, 2013 was \$274,000 and is included in the Statement of Financial Position as investments at fair value. The gain on these contracts was \$274,000 and is presented in the operating and non-operating sections of the Statement of Activities for June 30, 2013.

Credit default swaps are used to simulate long or short positions or to reduce credit risk where exposure exists. The buyer of a credit default swap is obligated to pay to the seller a periodic stream of payments over the term of the contract in return for a contingent payment upon occurrence of a contracted credit event. The seller of a credit default swap bears the obligation to pay the buyer upon occurrence of a contracted credit event in return for a periodic stream of fixed payments from the buyer over the term of the contract. As of June 30, 2013, the total notional amount of credit default swap contracts for protection purchased was \$9,529,000 and the notional amount related to protection sold was \$3,247,000. The fair value of the buy contracts at June 30, 2013 was approximately (\$67,000) and the sell contracts was (\$217,000) and are included in the Statement of Financial Position as investments at fair value. At June 30, 2013, the loss on the buy contracts was \$34,000 and loss on the sell contracts was \$107,000 and are presented in the operating and non-operating sections of the Statement of Activities.

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E. Endowment

The changes in fair value of net assets held in endowment and similar funds for the years ended June 30 were as follows (in thousands):

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, June 30, 2013	\$ 894,595	\$ 1,854,632	\$ 984,369	\$ 3,733,596
Investment return:				
Investment income	7,224	23,949	-	31,173
Net gain in fair value:				
Realized	67,381	218,790	-	286,171
Unrealized	108,417	350,097	1,595	460,109
Total investment return	183,022	592,836	1,595	777,453
Gifts	53	7,779	135,624	143,456
Distribution of endowment return to all funds	(43,940)	(144,606)	-	(188,546)
Other changes, net	2,921	(3,446)	2,785	2,260
Endowment net assets, June 30, 2014	<u>\$ 1,036,651</u>	<u>\$ 2,307,195</u>	<u>\$ 1,124,373</u>	<u>\$ 4,468,219</u>

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, June 30, 2012	\$ 833,511	\$ 1,700,362	\$ 952,511	\$ 3,486,384
Investment return:				
Investment income	7,432	24,078	-	31,510
Net gain in fair value:				
Realized	63,875	201,499	-	265,374
Unrealized	25,848	80,972	1,058	107,878
Total investment return	97,155	306,549	1,058	404,762
Gifts	30	811	27,206	28,047
Distribution of endowment return to all funds	(43,979)	(141,499)	-	(185,478)
Other changes, net	7,878	(11,591)	3,594	(119)
Endowment net assets, June 30, 2013	<u>\$ 894,595</u>	<u>\$ 1,854,632</u>	<u>\$ 984,369</u>	<u>\$ 3,733,596</u>

Other changes include additions to the endowment from the maturity of split-interest agreements and net transfers resulting from changes in donor restrictions or Dartmouth designations.

Included in temporarily restricted endowment net assets at the end of the year is the remaining amount of expendable accumulated appreciation on permanent endowment funds of \$1,927,893,000 and \$1,536,709,000 at June 30, 2014 and 2013, respectively.

Endowment net assets consist of the following as of June 30, 2014 (in thousands):

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	\$ 2,225,159	\$ 1,124,373	\$ 3,349,532
Board-designated endowment funds	1,036,651	82,036	-	1,118,687
Total endowment net assets	<u>\$ 1,036,651</u>	<u>\$ 2,307,195</u>	<u>\$ 1,124,373</u>	<u>\$ 4,468,219</u>

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Endowment net assets consist of the following as of June 30, 2013 (in thousands):

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds	\$ (12)	\$ 1,783,681	\$ 984,369	\$ 2,768,038
Board-designated endowment funds	894,607	70,951	-	965,558
Total endowment net assets	<u>\$ 894,595</u>	<u>\$ 1,854,632</u>	<u>\$ 984,369</u>	<u>\$ 3,733,596</u>

From time to time, the fair values of assets associated with individual donor restricted endowment funds may fall below the level that the donor or UPMIFA requires to retain as a fund of perpetual duration. In accordance with GAAP, events of this nature are reported as reductions in unrestricted net assets and were \$0 and (\$12,000) as of June 30, 2014 and 2013, respectively. These events were a result of market declines since the endowment funds were established. A Board of Trustees policy limits the distribution from these funds to current income only, except in cases where the donor directs otherwise.

Dartmouth employs a total return endowment utilization policy that establishes the amount of investment return made available for spending each fiscal year. The amount appropriated for expenditure each year is independent of the actual return for the year, but the appropriated amount cannot exceed the total accumulated return in an individual fund at the time of distribution. The Board approves the formula that determines the amount appropriated from endowment each year. The resulting FY14 endowment distribution of \$188,546,000 represents a 5.0% distribution rate when measured against the previous year's June 30th endowment market value. Investment return earned in excess of the amount appropriated annually is reinvested in the funds, but can be appropriated in future years in accordance with the utilization policy. The net appreciation on most of the permanently and temporarily restricted endowment funds is reported together with temporarily restricted net assets until such time as all or a portion of the appreciation is appropriated for spending in accordance with the utilization policy and applicable state law.

The overall investment performance objective for the endowment is to generate real (inflation-adjusted) returns net of investment expenses sufficient to support Dartmouth's current operating needs while maintaining the long-term purchasing power of the endowment. Historical averages indicate that an annual return between 8% - 10% is needed to meet this goal. The Investment Committee of the Board of Trustees has determined that a well-diversified mix of assets offers the best opportunity for maximum return with acceptable risk over time. Dartmouth relies on a total return strategy in which investment returns are achieved through both capital appreciation (both realized and unrealized) and current yield (interest and dividends). Investment decisions are made with a view toward maximizing long-term return opportunities while maintaining an acceptable level of investment risk and liquidity.

F. Land, Buildings, Equipment, and Construction in Progress

Land, buildings, equipment, and construction in progress balances at June 30 were as follows (in thousands):

	<u>2014</u>	<u>2013</u>
Land	\$ 19,158	\$ 19,082
Buildings	1,147,098	1,124,809
Land improvements	109,407	109,087
Equipment and software	<u>292,518</u>	<u>281,520</u>
Land, buildings, and equipment	\$ 1,568,181	\$ 1,534,498
Less: accumulated depreciation	(708,562)	(659,012)
Construction in progress	<u>95,912</u>	<u>68,841</u>
Total net book value	<u>\$ 955,531</u>	<u>\$ 944,327</u>

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Dartmouth has conditional asset retirement obligations arising from legal obligations to perform certain activities in connection with the retirement, disposal, or abandonment of assets, including asbestos abatement, leasehold improvements, hazardous materials, and equipment disposal and cleanup. The liability was initially recorded at fair value, and is adjusted for accretion expense, and changes in the amount or timing of cash flows. The corresponding asset retirement costs are capitalized as part of the carrying values of the related long-lived assets and depreciated over the useful lives of the assets.

G. Bonds, Mortgages, and Notes Payable

Indebtedness at June 30 consisted of the following (in thousands):

	<u>Fiscal Year</u> <u>Maturity</u>	<u>Interest Rate</u>	<u>2014</u>	<u>2013</u>
New Hampshire Health and Education Facilities Authority (NHHEFA):				
Tax-Exempt Fixed Rate:				
Series 2009	2019 - 2039	3.30% - 4.77%	\$ 198,875	\$ 198,875
Tax-Exempt Variable Rate:				
Series 2002	2032	.03% - .14%	101,000	101,000
Series 2003	2023	.03% - .11%	76,600	83,700
Series 2007A	2031	.01% - .11%	89,710	89,755
Series 2007B	2041	.01% - .11%	<u>75,000</u>	<u>75,000</u>
Subtotal tax-exempt bonds			\$ 541,185	\$ 548,330
Taxable Bonds:				
NHHEFA Variable Rate:				
Series 2007C	2041	.06% - .12%	30,000	30,000
Fixed Rate				
Series 2009	2019	4.75%	250,000	250,000
Series 2012A	2042	4.00%	70,000	70,000
Series 2012B	2043	3.76%	<u>150,000</u>	<u>150,000</u>
Subtotal taxable bonds			\$ 500,000	\$ 500,000
Subtotal bonds			\$ 1,041,185	\$ 1,048,330
Mortgages on real estate investments:				
Fixed Rate	2017 - 2037	4.34% - 5.61%	49,003	50,317
Taxable commercial paper note:				
Variable Rate		.11% to .13%	<u>18,900</u>	<u>23,900</u>
Subtotal bonds, mortgages and notes payable			\$ 1,109,088	\$ 1,122,547
Original issue premium, net			<u>4,245</u>	<u>4,240</u>
Total bonds, mortgages, and notes payable, net			<u>\$ 1,113,333</u>	<u>\$ 1,126,787</u>

Included in interest and amortization presented on the Statement of Operating Expenses is interest expense on debt (including payments on interest rate swap agreements) used to finance facilities projects of \$24,462,000 and \$24,324,000, and on other operating indebtedness of \$154,000 and \$152,000 for the years ended June 30, 2014 and 2013, respectively. In addition, interest paid on debt used to finance facilities projects of \$199,000 and \$464,000 was capitalized in connection with various construction projects for the years ended June 30, 2014 and 2013, respectively.

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Interest expense on debt used to finance student loans totaled \$1,406,000 and \$1,406,000 for the years ended June 30, 2014 and 2013, respectively, and is presented as a deduction from other non-operating earnings in the Statement of Activities. Interest expense on other non-operating indebtedness totaled \$23,297,000 and \$23,460,000 for the years ended June 30, 2014 and 2013, respectively, and is presented as a deduction from other non-operating earnings in the Statement of Activities. Interest expense on mortgages and debt used to finance endowment-related real estate projects totaled \$2,664,000 and \$2,625,000 for the years ended June 30, 2014 and 2013, respectively, and is presented as a deduction in endowment net investment return in the Statement of Activities. Total interest expense included in the Statement of Activities is \$51,983,000 and \$51,967,000 for the years ended June 30, 2014 and 2013, respectively.

The aggregate amounts of principal due for each of the next five years ending June 30 and thereafter are as follows (in thousands):

June 30	Principal Due
2015	\$ 27,781
2016	9,154
2017	27,627
2018	9,909
2019	268,208
Thereafter	766,409
Total	\$ 1,109,088

Principal due after June 30, 2019, includes the following "balloon" payments due on Dartmouth's indebtedness (in thousands):

June 30	Indebtedness	Payment
2027	NHHEFA Series 2007A bonds	\$ 31,820
2028	NHHEFA Series 2009 bonds	\$ 32,190
2028	NHHEFA Series 2007A bonds	\$ 52,060
2029	NHHEFA Series 2009 bonds	\$ 20,000
2031	NHHEFA Series 2007A bonds	\$ 5,120
2032	NHHEFA Series 2002 bonds	\$ 101,000
2036	NHHEFA Series 2007B bonds	\$ 18,000
2039	NHHEFA Series 2009 bonds	\$ 138,765
2041	NHHEFA Series 2007B bonds	\$ 57,000
2041	NHHEFA Series 2007C bonds	\$ 30,000
2042	2012 Series A bonds	\$ 70,000
2043	2012 Series B bonds	\$ 150,000

The estimated fair value of the bonds was approximately \$1,095,409,000 and \$1,070,035,000 as of June 30, 2014 and 2013, respectively. The fair value for fixed-rate debt is based on estimates of the prevailing market yield and resulting price for each maturity of debt. The market yield is impacted by several factors including credit, length of maturity, coupon, and optional redemption provisions. Variable rate debt is valued at par since the rate is reset frequently and the bonds are puttable by the investor and callable by the borrower at any time. Dartmouth considers this to be a Level 2 measurement.

The NHHEFA bonds are a general obligation collateralized only by Dartmouth's pledge of full faith and credit and by funds held from time to time by the trustee for the benefit of the holders of the bonds under the respective bond resolutions. Dartmouth has agreed to certain covenants with respect to encumbrance or disposition of its core campus.

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

During fiscal year 2009, Dartmouth entered into six interest rate swap agreements. Information related to these interest rate swap agreements as of June 30, 2014, including the fixed interest rate paid by Dartmouth and percent of LIBOR BBA (1 month) received on the notional principal, is presented in the table below (in thousands):

Expiration Date	Notional Amount	Fixed Interest Rate %	% of LIBOR BBA
06/01/2032	\$ 100,000	3.75	67
06/01/2041	\$ 100,000	3.73	70
06/01/2027	\$ 31,930	3.77	72
06/01/2028	\$ 52,660	3.78	72
06/01/2042	\$ 100,000	3.73	70
06/01/2043	\$ 165,000	3.74	70

The fair value of these agreements at June 30, 2014 and 2013, based on various factors contained in the interest rate swap agreements and certain interest rate assumptions, was approximately \$141,219,000 and \$133,222,000, respectively, and is considered a Level 2 measurement. The increase of \$7,997,000 in the liability for the year ended June 30, 2014 is presented as an unrealized loss and the decrease of \$83,084,000 in the liability for the year ended June 30, 2013 is presented as an unrealized gain in the non-operating section of the Statement of Activities. Net payments or receipts under the swap agreements associated with facilities debt are reflected as interest expense. These financial instruments involve counter-party credit exposure.

Dartmouth maintains stand-by bond purchase agreements with financial institutions totaling approximately \$372,300,000 to provide alternative liquidity to support its variable rate demand bonds in the event that the bonds cannot be remarketed. Financing obtained through these stand-by credit agreements to fund the repurchase of such bonds would bear interest rates different from those associated with the original bond issues, and mature over a three or a five year period following repurchase. The agreements have various maturity dates between August 2014 and December 2016. There were no amounts outstanding at June 30, 2014 and 2013 under these agreements.

Dartmouth has a \$75,000,000 line of credit with a maturity date of December 29, 2014. There have been no borrowings under this line of credit.

H. Pension and Other Employment Related Obligations

Liabilities for retirement and postretirement medical benefits, salaries, wages, and other benefits under employment agreements consisted of the following at June 30 (in thousands):

	2014	2013
Retirement and postretirement benefits	\$ 358,284	\$ 242,222
Compensated absences, severance plans, and other commitments	20,244	18,518
Self-insured benefits	11,862	11,710
Total employment related obligations	\$ 390,390	\$ 272,450

In fiscal year 1998, Dartmouth revised its pension benefit for staff and non-union service employees, giving each participant a one-time option to either remain in the defined benefit plan or enroll in the defined contribution plan effective January 1, 1998. Staff and non-union service employees hired since that date receive retirement benefits under the defined contribution plan. Effective January 1, 2006, all union employees are enrolled in the defined contribution plan.

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Notes to Financial Statements
For the years ended June 30, 2014 and 2013

Dartmouth's postretirement medical benefits consist of medical insurance coverage for retirees. Employees hired prior to July 1, 2009 that are 55 or older and have at least ten continuous years of service in a benefits-eligible position immediately prior to retirement are currently eligible for a subsidy toward the purchase of Retiree Medical Benefits. The subsidy amount was based on the employee's annual salary, age, and years of service as of June 30, 2009. For retirees under the age of 65, the medical insurance options are the same as for active employees. At age 65, the retiree would enroll in the Dartmouth College Medicare Supplement (DCMS) plan. New employees hired on or after July 1, 2009 are eligible to participate in a Retirement Savings Match and are eligible to purchase the retiree group medical insurance at full cost if they qualify at retirement.

Information pertaining to the pension and postretirement benefits at June 30 include (in thousands):

	Pension Benefits		Postretirement Benefits	
	2014	2013	2014	2013
Change in benefit obligation:				
Beginning of year	\$ 120,696	\$ 120,920	\$ 226,449	\$ 274,684
Service cost	2,538	2,708	5,423	7,809
Interest cost	5,558	5,059	12,174	13,435
Benefits paid	(7,681)	(6,261)	(5,364)	(4,209)
Actuarial (gain)/loss	13,105	(1,730)	97,881	(65,270)
End of year	<u>\$ 134,216</u>	<u>\$ 120,696</u>	<u>\$ 336,563</u>	<u>\$ 226,449</u>
Change in estimated fair value of plan assets:				
Beginning of year	\$ 113,931	\$ 112,518	\$ -	\$ -
Actual return on plan assets	18,979	3,674	-	-
Employer contributions	2,000	4,000	5,364	4,209
Benefits paid	(7,681)	(6,261)	(5,364)	(4,209)
End of year	<u>\$ 127,229</u>	<u>\$ 113,931</u>	<u>\$ -</u>	<u>\$ -</u>
Funded status (plan assets less than benefits obligation)	<u>\$ (6,987)</u>	<u>\$ (6,765)</u>	<u>\$ (336,563)</u>	<u>\$ (226,449)</u>
Net periodic benefit (income) cost included the following:				
Service cost	\$ 2,538	\$ 2,708	\$ 5,423	\$ 7,809
Interest cost	5,558	5,059	12,174	13,435
Expected return on assets	(6,365)	(6,358)	-	-
Amortization of prior service cost (credit)	240	240	(7,644)	(7,644)
Recognized net actuarial loss	2,364	3,218	-	3,127
Net periodic benefit cost	<u>\$ 4,335</u>	<u>\$ 4,867</u>	<u>\$ 9,953</u>	<u>\$ 16,727</u>
Weighted-average assumptions:				
Discount rate used to determine net periodic benefit cost	4.80%	4.40%	5.45%	4.95%
Expected return on plan assets	6.50%	6.80%	-	-
Rate of compensation increase	3.00%	3.00%	-	-
Discount rate used to determine benefit obligations	4.30%	4.80%	4.70%	5.45%

The increase in the post-retirement benefit obligation is due to the change in discount rate presented above and the use of an updated mortality table which is reflected in the 2014 actuarial loss of \$97,881,000.

The estimated net cost for the defined benefit plan that will be amortized into net periodic cost in fiscal 2015 is \$2,532,000. The estimated net (income) for postretirement benefits that will be amortized into net periodic cost in fiscal 2015 is (\$1,094,000).

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

The increase (decrease) in unrestricted net assets resulting from the change in pension and post-retirement benefit obligations consisted of the following (in thousands):

	Pension Benefits	Post-retirement Benefits	Total 2014	Total 2013
Amounts recognized in non-operating activities:				
Net actuarial gain (loss)	\$ (491)	\$ (97,881)	\$ (98,372)	\$ 64,317
Amortization of gain	2,364	-	2,364	6,345
Amortization of prior service cost (credit)	240	(7,644)	(7,404)	(7,404)
Total non-operating gain (loss)	2,113	(105,525)	(103,412)	63,258
Amounts recognized in operating activities:				
Net periodic benefit cost	(4,335)	(9,953)	(14,288)	(21,594)
Total gain (loss)	\$ (2,222)	\$ (115,478)	\$ (117,700)	\$ 41,664

The following table summarizes the defined benefit pension plan investments by their fair value hierarchy classification as of June 30, 2014 (in thousands):

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 897	\$ -	\$ -	\$ 897
Global equity	-	32,345	-	32,345
Fixed income ¹	-	90,210	-	90,210
Limited partnerships ²	-	-	3,777	3,777
Total investments	\$ 897	\$ 122,555	\$ 3,777	\$ 127,229

The following table summarizes the defined benefit pension plan investments by their fair value hierarchy classification as of June 30, 2013 (in thousands):

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 649	\$ -	\$ -	\$ 649
Global equity	-	41,434	-	41,434
Fixed income ¹	-	67,936	-	67,936
Limited partnerships ²	-	-	3,912	3,912
Total investments	\$ 649	\$ 109,370	\$ 3,912	\$ 113,931

¹ This category includes fixed income commingled funds and other financial instruments related to fixed income products.

² This category includes investments in venture capital, private equity, and other real asset private partnerships.

The following table presents activity for the fiscal year ended June 30, 2014 and 2013 for the defined benefit pension plan investments measured at fair value in Level 3 (in thousands):

	Limited Partnerships
Balance as of June 30, 2013	\$ 3,912
Acquisitions / purchases	150
Distributions / sales	(831)
Investment return	570
Change in unrealized losses on investments	(24)
Balance as of June 30, 2014	\$ 3,777

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

	Limited Partnerships
Balance as of June 30, 2012	\$ 4,148
Acquisitions / purchases	173
Distributions / sales	(853)
Investment return	500
Change in unrealized losses on investments	(56)
Balance as of June 30, 2013	\$ 3,912

The overall investment strategy of the defined benefit pension plan (the Plan) is to utilize an asset mix that is designed to meet the near and longer term benefit payment obligations of the Plan. Over time, the asset mix may include global equity and fixed income exposures. Global equity exposure is designed to capture the equity market performance of developed markets while fixed income exposure provides a predictable yield as well as a hedge against changing interest rates by holding corporate bonds and other financial instruments. Other types of investments may include private equity, venture capital, and other private real asset partnerships that employ different underlying strategies. Outside investment advisors are utilized to manage the Plan assets and are selected based on their investment style, philosophy, and past performance. Dartmouth's investment office is responsible for managing the asset allocation and investment risk management of the Plan.

Dartmouth makes annual contributions to maintain funding for the defined benefit plan on an actuarially recommended basis. Dartmouth currently expects to contribute between \$2 million and \$4 million to the defined benefit plan in fiscal year 2015.

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid in each of the next five years ending June 30 and thereafter as follows (in thousands):

	Pension Benefits	Postretirement Benefits
2015	\$ 10,000	\$ 7,928
2016	9,400	8,808
2017	9,300	9,837
2018	9,600	11,063
2019	9,600	13,490
Years 2020 -2023	46,900	85,217

Assumed health care cost trend rates have a significant effect on the estimated amounts reported for the postretirement benefit plan. The medical cost trend rates for pre-age 65 and post-age 65 retirees, respectively, are assumed to be 7.1% and 7.0% in year 2015, decrease gradually to 5% and 5% in fiscal year 2023 and 2023, respectively, and remain level thereafter. Dartmouth's estimate of postretirement benefit expense and obligations also reflects the impact of the Medicare Prescription Drug Improvement and Modernization Act, which provides for tax-free subsidies to employers that offer retiree medical benefit plans with qualifying drug coverage.

A one percentage point increase (decrease) in assumed health care cost trend rates would have the following effect (in thousands):

Increase (decrease) in total of service and interest cost components	\$ 5,182	\$ (4,003)
Increase (decrease) in postretirement benefit obligation	\$ 64,734	\$ (50,728)

Dartmouth also maintains defined contribution retirement plans for its employees. These benefits are individually funded and are subject to various vesting requirements. Under these arrangements, Dartmouth makes monthly contributions to individual self-directed retirement investment accounts for the participants. These contributions for the years ended June 30, 2014 and 2013 were \$23,967,000 and \$24,721,000, respectively. Dartmouth also maintains deferred compensation plans. The liabilities for the plans are included in pension and other employment related obligations in the Statement of Financial Position.

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

I. Other Operating Income

The major components of other operating income for the years ended June 30 were as follows (in thousands):

	<u>2014</u>	<u>2013</u>
Medical School clinical services and other support	\$ 55,244	\$ 51,304
Foreign study and continuing education programs	13,317	13,244
Student activities and other program revenues	11,037	11,011
Athletics revenues	4,387	4,523
Hopkins Center and Hood Museum revenues	1,525	1,838
Other revenues	17,444	16,084
Investment income	<u>49,602</u>	<u>33,741</u>
Total other operating income	\$ <u>152,556</u>	\$ <u>131,745</u>

J. Net Assets

Additional information pertaining to Dartmouth's net assets at June 30 is presented below (in thousands):

	<u>2014</u>			<u>Total</u>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	
Detail of net assets:				
Operating funds	\$ 351,467	\$ 79,736	\$ -	\$ 431,203
Pledges	-	81,460	15,798	97,258
Postretirement and pension benefit obligations	(343,550)	-	-	(343,550)
Third-party charitable trusts	-	6,096	3,816	9,912
Facilities and capital	425,180	23,807	-	448,987
Interest rate swap agreements	(141,219)	-	-	(141,219)
Student loan funds	21,434	21,913	-	43,347
Life income, annuity, and similar funds	-	41,785	36,008	77,793
Endowment funds	<u>1,036,651</u>	<u>2,307,195</u>	<u>1,124,373</u>	<u>4,468,219</u>
Total net assets	\$ <u>1,349,963</u>	\$ <u>2,561,992</u>	\$ <u>1,179,995</u>	\$ <u>5,091,950</u>

	<u>2013</u>			<u>Total</u>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	
Detail of net assets:				
Operating funds	\$ 348,479	\$ 77,312	\$ -	\$ 425,791
Pledges	-	69,681	25,030	94,711
Postretirement and pension benefit obligations	(233,214)	-	-	(233,214)
Third-party charitable trusts	-	7,135	6,048	13,183
Facilities and capital	368,247	30,229	-	398,476
Interest rate swap agreements	(133,222)	-	-	(133,222)
Student loan funds	13,842	28,399	-	42,241
Life income, annuity, and similar funds	-	34,120	36,008	70,128
Endowment funds	<u>894,595</u>	<u>1,854,632</u>	<u>984,369</u>	<u>3,733,596</u>
Total net assets	\$ <u>1,258,727</u>	\$ <u>2,101,508</u>	\$ <u>1,051,455</u>	\$ <u>4,411,690</u>

Dartmouth College
Notes to Financial Statements
For the years ended June 30, 2014 and 2013

K. Commitments and Contingencies

Outstanding commitments on uncompleted construction contracts total \$36,762,000 at June 30, 2014.

All funds expended by Dartmouth in connection with government sponsored grants and contracts are subject to audit by governmental agencies. The ultimate liability, if any, from such audits, is not expected to have a material adverse effect on Dartmouth's financial position.

In conducting its activities, Dartmouth from time to time is the subject of various claims and also has claims against others. The ultimate resolution of such claims is not expected to have either a material adverse or favorable effect on Dartmouth's financial position.

L. Related Party Transactions

Members of Dartmouth's Board of Trustees and senior management may, from time to time, be associated, either directly or indirectly, with companies doing business with Dartmouth. Dartmouth has a written conflict of interest policy that requires annual reporting by each Trustee, as well as senior management. Additionally, Dartmouth has a policy on Pecuniary Benefit Transactions and Related Party Investments. This policy supplements the Dartmouth College Conflict of Interest Policy with regard to pecuniary benefit transactions, as defined by New Hampshire law, including but not limited to Dartmouth's investment in investment vehicles in which Trustees have a financial interest. These policies include, among other things, that no member of the Board of Trustees can participate in any decision in which he or she (or an immediate family member) has a material financial interest. When such relationships exist, measures are taken to mitigate any actual or perceived conflict, including requiring that such transactions be conducted at arm's length, for good and sufficient consideration, based on terms that are fair and reasonable to and for the benefit of Dartmouth, and in accordance with applicable conflict of interest laws.

M. Subsequent Events

For purposes of determining the effects of subsequent events on these financial statements, management has evaluated events subsequent to June 30, 2014 and through October 20, 2014, the date on which the financial statements were issued, and has concluded that there were no subsequent events requiring adjustment or disclosure.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
Research and Development Cluster:			
American Recovery and Reinvestment Act:			
47.082	National Science Foundation (NSF)	ANT-0838896	\$ 29,407
47.082	National Science Foundation (NSF)	ARC-0908156	32,440
47.082	National Science Foundation (NSF)	ARC-0909270	26,364
47.082	National Science Foundation (NSF)	AST-0908345	15,871
47.082	National Science Foundation (NSF)	ATM-0921979	4,670
47.082	National Science Foundation (NSF)	CHE-0848354	30,111
47.082	National Science Foundation (NSF)	CNS-0910842	46,038
47.082	National Science Foundation (NSF)	DEB-0841862	20,470
47.082	National Science Foundation (NSF)	DMR-0905229	30,548
47.082	National Science Foundation (NSF)	EF-0842267	39,240
47.082	National Science Foundation (NSF)	IIS-0905206	3,630
47.082	Virginia Polytechnic Institute & State University	478219-19715	24,853
81.135	Massachusetts Institute of Technology	5710002882	89,766
93.701	Harvard University	150100.5076158.003	28,599
93.701	Nat'l Cancer Institute (NCI)	P30CA023108	148,258
93.701	Nat'l Cancer Institute (NCI)	R01CA132750	(709)
93.701	Nat'l Cancer Institute (NCI)	UC2CA148259	36,533
93.701	Nat'l Inst of Arth & Musculoskeletal Skin(NIAMS)	T32AR049710	1,301
93.715	Agency for Healthcare Research & Quality	R18HS019942	163,211
93.728	University of Illinois	2010-03958-11	502,368
American Recovery and Reinvestment Act total			1,272,969
U.S. Department of Health and Human Services:			
Direct awards (93.RD):			
National Institute of Health			84,964,821
Public Health Services Center			2,128,249
Subtotal			87,093,070
Subagreements:			
93.000	Advanced BioScience Laboratories, Inc.	11-14005-001-0155-212	193,181
93.000	American College of Radiology	ACRIN 6654	127,610
93.000	Feinstein Institute for Medical Research	DMS01-NON-ARRA	65,178
93.000	Yale New Haven Health System	N/A	28,239
93.103	New England Pediatric Device Consortium	NEPDC-002	20,859
93.110	University of New Hampshire	13-073	35,681
93.113	Research Foundation of SUNY	1094771-2-57490	32,373
93.184	University of Massachusetts, Worcester	6147128/RFS2013089	19,725
93.184	University of Massachusetts, Worcester	WA0015403/RFS2014118	12,237
93.226	Union College	NIH-TS1	5,596
93.226	University of Michigan	3001694180	35,250
93.242	Allegheny-Singer Research Institute	N/A	51,019
93.242	Allegheny-Singer Research Institute	N/A	74,869
93.242	Boston University	4500000977	66,086
93.242	Butler Hospital	9064-8340	6,969
93.242	Howard University	632201-H000036	(9,377)
93.242	Illinois Institute of Technology	SA453-1102-6157	14,305
93.242	Johns Hopkins University	20000990332	24,759
93.242	Johns Hopkins University	IMPACCT PO 2001603366	180,430
93.242	Places for People, Inc.	DC1106071MR-3	10,769
93.242	Rutgers the State University	4546	8,307
93.242	University of Vermont	22605	87,307
93.242	University of Washington	722320	19,305
93.242	Yale University	M13A11533 (A09085)	21,035
93.273	National Development and Research Institutes, Inc.	622C	6,217
93.273	National Development and Research Institutes, Inc.	622D	32,741
93.279	Johns Hopkins University	2001706094	39,154
93.279	Miriam Hospital	710-9865	59,514
93.279	National Development and Research Institutes, Inc.	618D	29,649

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
93.279	National Development and Research Institutes, Inc.	631B	32,517
93.279	National Development and Research Institutes, Inc.	631C	46,046
93.279	Oregon Research Institute	N/A	26,952
93.279	University of Vermont	22304 SUB51350	13,006
93.279	University of Vermont	24927	166,820
93.279	University of Vermont	N/A	(17,941)
93.279	University of Wisconsin-Madison	416K080	56,719
93.279	Westat, Inc.	8954.02.77.03	64,892
93.279	Westat, Inc.	s8954	697,560
93.279	Yale University	M12A11475 (A08818)	11,887
93.279	Yale University	M12A11475 (A08819)	1,123
93.283	NH Div of Public Health Services	N/A	6,333
93.361	Butler Hospital	9021-8340	19,782
93.393	Emory University	T179442	2,914
93.393	Fred Hutchinson Cancer Research Center	0000755544	106,149
93.393	Fred Hutchinson Cancer Research Center	0000773824	25,519
93.393	Fred Hutchinson Cancer Research Center	0000788687	95,083
93.393	Fred Hutchinson Cancer Research Center	0000788690	36,004
93.393	Fred Hutchinson Cancer Research Center	0000798534	7,926
93.393	Group Health Research Institute	2013169197	14,584
93.393	Group Health Research Institute	CA154292-02	234,118
93.393	Group Health Research Institute	CA154292-02-Dart	113,694
93.393	Group Health Research Institute	CA154292-03	315,372
93.393	Group Health Research Institute	CA154292-03-Dartmouth-Ortega	162,765
93.393	Harvard University	150096.003	5,923
93.393	Harvard University	150144.507561.0004	30,082
93.393	Stanford University	60373226-110835-K	37,783
93.393	University of Chicago	44706-A	116,365
93.393	University of Hawaii Cancer Center	Z10074296	6,453
93.393	University of Hawaii Cancer Center	Z10046243	22,618
93.393	University of North Carolina at Chapel Hill	5-30888	280,525
93.393	University of North Carolina at Chapel Hill	5-30987	183,548
93.393	University of North Carolina at Chapel Hill	5-33528	953,601
93.393	University of Pittsburgh	0019106 (120429-3)	118,691
93.393	University of Texas, Houston	0009805A	16,431
93.393	University of Washington	659975	101,535
93.393	University of Washington	724576	159,663
93.393	Vanderbilt University	VUMC 40616	19,568
93.393	Vanderbilt University	VUMC40616	(2,704)
93.394	University of California, Irvine	2014-3022	3,872
93.394	University of North Carolina at Chapel Hill	5-44609	(1,011)
93.394	University of North Carolina at Chapel Hill	5-44999	72,487
93.395	Celdara Medical, LLC.	N/A	90,938
93.395	Children's Hospital of Philadelphia (CHOP)	COG PCR	9,362
93.395	Fred Hutchinson Cancer Research Center	0000789863-207806	801
93.395	Fred Hutchinson Cancer Research Center	0000799972	756
93.395	John Wayne Cancer Institute	MSLT-11	1,823
93.395	Massachusetts General Hospital	213580	97,744
93.395	Massachusetts General Hospital	213589	82,537
93.395	Mayo Clinic	63044794	153,715
93.395	Mayo Clinic	PO# 63434762	78,180
93.395	Radiation Monitoring Devices, Inc.	N/A	40,276
93.395	University of North Carolina at Chapel Hill	27469-34	1,484
93.395	Woomera Therapeutics, Inc.	N/A	152,470
93.396	University of Miami	N/A	11,810
93.396	Vanderbilt University	N/A	5,136
93.396	Vanderbilt University	VUMC 40709	44,053
93.396	Wistar Institute	24581-02-365	24,625
93.397	University of Michigan	3002191972	143,370

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
93.397	University of Texas, M D Anderson Cancer Center	918184	26,870
93.399	Black Hills Center for American Indian Health	BHCAIH 5P50CA148110-04	37,007
93.399	Black Hills Center for American Indian Health	BHCAIH 3P50CA148110-05S1	2,696
93.399	Southwest Oncology Group	CA37429	(1,361)
93.610	Feinstein Institute for Medical Research	500559-DAR-01	8,434
93.610	Feinstein Institute for Medical Research	500559-DAR-02	160,873
93.610	Vinfen Corporation	1C1 CMS330983	72,031
93.632	University of New Hampshire	13-055	(463)
93.632	University of New Hampshire	13-055A	3,330
93.701	EMMES Corporation	3501-001	(5,619)
93.701	EMMES Corporation	N/A	19,903
93.837	Celdara Medical, LLC.	2RRHL097464-02A1	205,910
93.837	Celdara Medical, LLC.	N/A	70,546
93.837	Duke University	177494	7,876
93.837	Duke University	179452	9,472
93.837	Emory University	N/A	3,264
93.837	Emory University	S884537	14,606
93.837	Emory University	T095805	41,512
93.837	Harvard University	150103.5075649.00003	47,202
93.837	Northeast Ohio Medical University	34520-A	24,229
93.837	University of Oklahoma Health Sciences Center	RS20130511-03	37,598
93.837	University of Virginia	GC11875-143582	239,419
93.837	University of Virginia	GC11934 144513	40,455
93.837	University of Virginia	N/A	23,396
93.838	University of Michigan	PO#3002783226	400
93.839	Celdara Medical, LLC.	N/A	135,337
93.839	Yale University	M10A10692 (A07741)	11,582
93.846	Boston University	4500001443	(15,824)
93.846	Boston University	4500001432	195,663
93.846	Boston University	4500001443	107,228
93.846	Drexel University	232514	35,447
93.846	Drexel University	Subaward # 232514	85,508
93.846	Regents of the University of Minnesota	N00018851	2,499
93.846	University of Michigan	3001369865	39,930
93.846	Washington University	WU-10-157	97,381
93.847	Beth Israel Deaconess Medical Center	01024387	92,103
93.847	Children's Hospital of Philadelphia (CHOP)	DK066174	5,101
93.847	Mayo Clinic	5U01DK065713-06	13,623
93.847	University of North Carolina at Chapel Hill	5-31662	12,414
93.847	Vanderbilt University	VUMC 41358	17,460
93.852	University of Vermont	28373SUB51600	8,542
93.853	Brown University	00000303	119,285
93.853	Brown University	00000303/P01NS065719	7,459
93.853	Brown University	00000304	106,790
93.853	Brown University	00000304 / P01NS065719	10,496
93.853	Clarkson University	375-32228-1	83,015
93.853	University of Medicine & Dentistry of NJ	99-705	25
93.853	University of Vermont	26913SUB51363	68,388
93.853	University of Vermont	27988SUB51549	11,230
93.853	University of Vermont	27989SUB51543	20,308
93.853	University of Vermont	28377SUB51601	23,085
93.853	University of Vermont	N/A	9,072
93.853	Yale University	A09014/M10A10508	24,369
93.853	Yale University	A09394 M10A10508	75,854
93.855	Avatar Medical, LLC	under NIAID prime	4,558
93.855	Cornell University	64289-9879	168,517
93.855	Harvard University	152471.5061742.0002	49,063
93.855	Harvard University	152482.5064984.0106	366,130

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
93.855	ImmuNext, Inc.	N/A	197,870
93.855	ImmuRx Inc	N/A	(350)
93.855	Regents of the University of Minnesota	N003235801	15,292
93.856	University of Alabama	000406257-017	7,771
93.856	University of Alabama	000406291-014	8,259
93.859	Marine Biological Laboratory	45397	38,202
93.859	Parabon Computation Inc	1112-1073-51-01	10,919
93.859	Tufts University	HS0356	56,524
93.865	Boston Medical Center	0330001	23,917
93.865	Boston University	4429-5	27,972
93.865	Boston University	4500000689	46,704
93.865	Childrens Hospital Boston	0000458635	31,372
93.865	Childrens Hospital Boston	PO#RSTFD0000537943	2,942
93.865	Childrens Hospital Boston	RSTFD0000544213	322,169
93.865	Childrens Hospital Boston	RSTFD0000582458	31,966
93.865	Simbex	N/A	101,316
93.865	The Administrators of the Tulane Educational Fund	TUL-HSC-466-13/14	16,961
93.865	Tufts University	M330001-HS2815	45,430
93.865	University of Massachusetts, Worcester	6147954/RFS2013101	8,208
93.866	Boston University	4500001264	5,430
93.866	Harvard University	150122.5075764.0211	19,065
93.866	Harvard University	150122.5075764.0311	52,382
93.866	National Bureau of Economic Research	33-4135-05-Dartmouth	98,854
93.866	National Bureau of Economic Research	83-4029-20-Dartmouth	49,959
93.866	Thomas Jefferson University	080-19000-S01001	36,744
93.866	University of California, San Diego	ADC-039	24,946
93.866	University of Maryland	SR00001553	1,677
93.866	University of Maryland	SR00002920	10,938
93.866	University of Wisconsin-Madison	520K376	5,000
93.866	Yale University	C14A11799 (A09232)	45,042
93.867	Johns Hopkins University	2000925494	35,166
93.867	Thomas Jefferson University	080-19000-R92704	917
93.867	University of California, San Francisco	5640sc	56,741
93.867	University of California, San Francisco	7260sc	43,071
93.879	Indiana University	IN4687237DC	165,764
93.UNK	American College of Radiology	RTOG	35,810
93.UNK	American College of Radiology	N/A	5,111
93.UNK	Boston University	4500001200	20,442
93.UNK	Boston University	P30 YR2	9,859
93.UNK	Brown University	PO #P262083	(6,250)
93.UNK	Create, LLC.	71438	10,153
93.UNK	CytoSorbents, Inc.	CYTOSUB0002	69,134
93.UNK	Dana Farber Cancer Institute	UNIV OF CHICAGO	83,451
93.UNK	Duke University	Z10/Z11	(669)
93.UNK	Fast-Track Drugs and Biologics, Inc.	N/A	(10,043)
93.UNK	Fast-Track Drugs and Biologics, Inc.	NCIG-003	(33,027)
93.UNK	Group Health Research Institute	HHSN261201100031C	66,631
93.UNK	Indiana University	Amend #3	(5,137)
93.UNK	Les Centres Gheskio	N/A	12,467
93.UNK	Les Centres Gheskio	YR6	10,810
93.UNK	Lewin Group, Inc.	N/A	919
93.UNK	Massachusetts General Hospital	217706	158,070
93.UNK	University of Rochester	5-23280	8,439
93.UNK	University of Rochester	5-23281	27,139
93.UNK	University of South Florida	U01-DK061055	15,954
93.UNK	University of Vermont	25992 YR2	6,994
93.UNK	University of Vermont	25992-Dartmouth 2	34,971
	Subtotal		11,850,904
	U.S. Department of Health and Human Services total		98,943,974

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
National Science Foundation:			
	Direct awards (47.RD)		9,724,532
Subagreements:			
47.041	Norwich Technologies	N/A	36,939
47.050	Boston University	GC176992NGA	63,731
47.050	Stanford University	60398977-109515-A	25,810
47.070	University of Massachusetts, Lowell	S52100000014133	6,700
47.074	Purdue University	4101-19822	261,928
47.074	University of North Carolina at Chapel Hill	5-37375	369,053
47.074	University of North Carolina at Chapel Hill	5-54963	253,658
47.074	University of Wyoming	NSF40391	12,673
47.074	Virginia Polytechnic Institute & State University	479065-19715	199
47.078	University of Colorado-Boulder	1548198	74,024
47.078	University of New Hampshire	11-069	6,421
47.079	Oregon State University	S1315A-F	22,225
47.081	University of New Hampshire	PZ 12-044	267,397
Subtotal			<u>1,400,758</u>
National Science Foundation total			<u>11,125,290</u>
U.S. Department of Defense:			
	Direct awards (12.RD)		5,042,121
Subagreements:			
12.000	University of California, San Diego	10315327	2,089
12.000	University of California, San Diego	10316818	10,364
12.000	University of California, San Diego	10317739	2,812
12.000	University of California, San Diego	10320526	5,541
12.000	Wistar Institute	35441-02-365	13,087
12.300	Creare, LLC.	70711	24,550
12.300	Naval Postgraduate School	N00244-14-1-0021	16,935
12.420	Milcord, LLC	N/A	6,537
12.420	Milcord, LLC	SC-1109-01	29,893
12.420	Rutgers the State University	00003416	108,761
12.420	University of Texas, Houston	0009671B	11,031
12.420	Veterans Medical Research Foundation (VMRF)	07969-01-301695	53,650
12.431	George Mason University	E2030472	222,684
12.431	University of California, San Diego	10291747	516,198
12.431	University of Illinois	2013-00347-01	79,150
12.431	University of Illinois	2013-00635-04 (A0342)	21,899
12.431	University of Wisconsin-Madison	419K812	130,633
12.598	Arctan, Inc.	N/A	233,551
12.800	Securborator, Inc.	30004	50,077
12.800	University of Texas, El Paso	2014054558	38,546
12.800	University of Texas, El Paso	2014054629	171,515
12.UNK	Clinical Research Management, Inc.	Dartmouth-09-01	49,102
12.UNK	Clinical Research Management, Inc.	Dartmouth-13-01	1,471,867
12.UNK	Creare, LLC.	62967	21,172
12.UNK	Creare, LLC.	66231	5,533
12.UNK	Creare, LLC.	70438	14,116
12.UNK	Massachusetts Institute of Technology	PO 7000267034	14,078
12.UNK	University of California, San Diego	10313358	19,753
Subtotal			<u>3,343,121</u>
U.S. Department of Defense total			<u>8,385,242</u>

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
U.S. National Aeronautics and Space Administration:			
Direct awards (43.RD)			3,318,111
Subagreements:			
43.000	Massachusetts Institute of Technology	5710002468	100,590
43.000	University of New Hampshire	13-049	50,290
43.000	University of New Hampshire	13-065	322,822
43.001	Johns Hopkins University	113901	40,487
43.001	Massachusetts Institute of Technology	5710003372	91,778
43.001	Smithsonian Astrophysical Observatory (SAO)	GO0-11135C	1,196
43.001	Smithsonian Astrophysical Observatory (SAO)	GO2-13150A	9,877
43.001	Smithsonian Astrophysical Observatory (SAO)	GO3-14150A	16,742
43.001	Smithsonian Astrophysical Observatory (SAO)	SP8-9001 A	2,316
43.001	University of Colorado-Boulder	1549373	51,666
43.001	University of New Hampshire	10-092	119,974
43.001	University of Wyoming	1001478	39,143
43.UNK	Johns Hopkins University	107457	14,645
43.UNK	Regents of the University of Minnesota	X5336545104	120,641
Subtotal			<u>981,968</u>
U.S. National Aeronautics and Space Administration total			<u>4,300,080</u>
U.S. Department of Agriculture:			
Direct awards (10.RD)			286,145
Subagreements:			
10.652	University of Maine	UM-S860	17,068
Subtotal			<u>17,068</u>
U.S. Department of Agriculture total			<u>303,213</u>
Veteran's Administration:			
Direct awards (64.RD, 27.RD)			31,371
Subagreements:			
27.011	Veterans Educ & Resrch Assoc of New England	N/A	7,533
Subtotal			<u>7,533</u>
Veteran's Administration total			<u>38,904</u>
U.S. Department of Commerce:			
Direct awards (11.RD)			212,400
U.S. Department of Commerce total			<u>212,400</u>
U.S. Department of Energy:			
Direct awards (81.RD)			450,382
Subagreements:			
81.000	Battelle	4000115284	1,203,255
81.000	University of New Hampshire	08-028	136,085
81.049	Rutgers the State University	4566 PO #S1646988	18,435
81.113	University of South Florida	2106-1154-00-A	31,599
81.122	University of Illinois	2010-01251-01	235,343
81.UNK	Battelle Energy Alliance, LLC	00123736	177,376
81.UNK	Mascoma Corporation	MASCOMA	436,820
Subtotal			<u>2,238,912</u>
U.S. Department of Energy total			<u>2,689,294</u>
U.S. Department of Homeland Security:			
Direct awards (97.RD)			521,614
Subagreements:			
97.061	University of Texas, El Paso	26-3001-82-61	(692)
Subtotal			<u>(692)</u>
U.S. Department of Homeland Security total			<u>520,922</u>

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

Cluster Title/CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
U.S. Environmental Protection Agency:			
Direct awards (66.RD)			<u>438,529</u>
U.S. Environmental Protection Agency total			<u>438,529</u>
U.S. Department of Education:			
Direct awards (84.RD)			719,661
Subagreements:			
84.133	Boston University	4500001127	5,487
84.133	University of Massachusetts, Worcester	6147298/RFS2013094	1,675
84.UNK	Harvard University	108074-5025571	<u>123,465</u>
Subtotal			<u>130,627</u>
U.S. Department of Education total			<u>850,288</u>
Other direct federal awards:			
45.161	National Endowment for the Humanities	RQ-50470-10	42,565
45.169	National Endowment for the Humanities	HD-51394-11	17,160
45.169	National Endowment for the Humanities	HK-50021-12	<u>(8,870)</u>
Subtotal			<u>50,854</u>
Subagreements:			
15.000	Georgia Institute of Technology	RC051-S4	47,625
15.650	Michigan State University	#125607/RC102549 Dartmouth	5,064
15.UNK	Bureau of Safety and Environmental Enforcement (BSEE)	E12PC00064	63,587
15.UNK	Bureau of Safety and Environmental Enforcement (BSEE)	E12PC00033	134,154
20.UNK	Massachusetts Institute of Technology	5710003653	11,415
96.007	University of Michigan	300251670UM13-07	65,492
96.007	University of Michigan	3002852924UM14-01	16,033
98.UNK	Program for Appropriate Technology in Health (PATH)	AID.1470-08669-CRT	<u>23,849</u>
Subtotal			<u>367,220</u>
Total Research and Development Cluster			<u>129,499,179</u>
Student Financial Assistance Cluster:			
U.S. Department of Education:			
Other direct awards:			
84.007	SEOG FY14	P007A132503	799,883
84.033	FWS FY13	P033A122503	(229)
84.033	FWS FY14	P033A132503	1,037,671
84.063	Pell FY14	P063P131791	<u>2,268,502</u>
Total Student Financial Assistance Cluster			<u>4,105,827</u>
Highway Safety Cluster:			
Subagreements:			
20.600	NH Highway Safety Agency	304-13S-001	16,094
20.600	NH Highway Safety Agency	304-13S-002	30,163
20.600	NH Highway Safety Agency	304-13S-003	20,369
20.600	NH Highway Safety Agency	304-13S-006	4,218
20.600	NH Highway Safety Agency	304-14S-001	53,984
20.600	NH Highway Safety Agency	304-14S-002	102,732
20.600	NH Highway Safety Agency	304-14S-003	12,973
20.600	NH Highway Safety Agency	304-14S-004	32,761
20.600	NH Highway Safety Agency	308-13S-005	4,185
20.600	NH Highway Safety Agency	308-14S-005	<u>9,047</u>
Total Highway Safety Cluster			<u>286,526</u>
Other Sponsored Programs:			
American Recovery and Reinvestment Act:			
93.000	ICF Macro	635243-10S-1567	135,704
93.702	Nat'l Center for Research Resources (NCRR)	C06RR030432	2,529,853
93.UNK	Booz Allen Hamilton, Inc.	101311SB23	<u>199,493</u>
American Recovery and Reinvestment Act total			<u>2,865,050</u>

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
U.S. Department of Health and Human Services:			
Direct awards:			
93.107	Health Resources & Svcs Admin (HRSA)	U77HP03627-09-00	192,186
93.110	Health Resources & Svcs Admin (HRSA)	2 T73MC00024-17-00	832,874
93.127	Health Resources & Svcs Admin (HRSA)	2H33MC06727-08	118,489
93.127	Health Resources & Svcs Admin (HRSA)	H34MC26202	<u>130,630</u>
	Subtotal of 93.127		<u>249,119</u>
93.153	Health Resources & Svcs Admin (HRSA)	H12HA24881	454,875
93.243	Substance Abuse & Mental Health Services Admin	U79SM057281	37,693
93.249	Health Resources & Svcs Admin (HRSA)	UB6HP20157	349,929
93.398	Nat'l Cancer Institute (NCI)	1F31CA177203	41,418
93.398	Nat'l Cancer Institute (NCI)	5F30CA168079-02	8,326
93.398	Nat'l Cancer Institute (NCI)	F30CA168079	31,984
93.398	Nat'l Cancer Institute (NCI)	F32CA144579	<u>26,085</u>
	Subtotal of 93.398		<u>105,813</u>
93.610	Centers for Medicare and Medicaid Services	1C1CMS331029-01-00	8,795,716
93.852	Administration for Children and Families	90CO1099	642,130
93.847	Nat'l Inst of Diabetes & Digest & Kidney (NIDDK)	F30DK094540	47,756
93.853	Nat'l Inst of Neurological Disord & Stroke (NINDS)	F31NS077537	38,780
93.853	Nat'l Inst of Neurological Disord & Stroke (NINDS)	F32ONS064637	<u>(1)</u>
	Subtotal of 93.853		<u>38,779</u>
93.855	Nat'l Inst of Allergy & Infectious Diseases (NIAID)	R13AI106495	1,898
93.867	National Eye Institute (NEI)	F32EY023165	50,176
93.918	Health Resources & Svcs Admin (HRSA)	H76HA00812	369,466
93.928	Health Resources & Svcs Admin (HRSA)	H97HA25006	54,962
93.969	Health Resources & Svcs Admin (HRSA)	UB4HP19206	479,024
93.989	John E. Fogarty International Center (FIC)	D43TW006807	307,683
93.989	John E. Fogarty International Center (FIC)	D43TW009573	153,008
93.989	John E. Fogarty International Center (FIC)	R25TW007693	<u>210,398</u>
	Subtotal of 93.989		<u>671,089</u>
93.UNK	Health Resources & Svcs Admin (HRSA) (Non LOC)	HSHS250201200022C	380,574
93.UNK	Nat'l Library of Medicine (NLM)	HHSN276201300129P	<u>9,091</u>
	Subtotal		<u>13,742,971</u>
Subagreements:			
93.000	NH Div of Public Health Services	1026040	27,139
93.000	NH Div of Public Health Services	SFY2013	<u>(1,401)</u>
	Subtotal of 93.000		<u>25,738</u>
93.067	Les Centres Gheskio	N/A	22,393
93.067	Les Centres Gheskio	N/A	<u>61,588</u>
	Subtotal of 93.067		<u>83,981</u>
93.069	NH Div of Public Health Services	SFY 2012-2013	3,759
93.070	NH Department of Environmental Services	03-44-44-442010-2047-102.5	44,254
93.110	Mount Sinai School of Medicine	0253-6541-4609	(386)
93.136	NH Dept of Health & Human Services	90004015	(12,882)
93.136	NH Dept of Health & Human Services	90004015-REV	<u>17,656</u>
	Subtotal of 93.136		<u>4,774</u>
93.145	University of Massachusetts Memorial Medical Ctr	6144040-ETC-06	(1)
93.145	University of Massachusetts Memorial Medical Ctr	WA00120885-ETC08	<u>61,688</u>
	Subtotal of 93.145		<u>61,687</u>
93.283	NH Dept of Health & Human Services	711472-09	1,446
93.283	NH Div of Public Health Services	1017170	36,709
93.283	NH Div of Public Health Services	FY14	232,444
93.283	NH Div of Public Health Services	N/A	<u>633,499</u>
	Subtotal of 93.283		<u>904,098</u>

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
93.361	Women & Infants Hospital	9613	10,800
93.652	NH Dept of Health & Human Services	N/A	129,946
93.865	Women & Infants Hospital	9613	10
93.889	NH Div of Public Health Services	SFY 2011	(2,448)
93.889	NH Div of Public Health Services	STNHFY14	113,416
	Subtotal of 93.889		<u>110,968</u>
93.989	Les Centres Gheskio	N/A	33,736
93.994	NH Div of Public Health Services	1003160	(1,298)
93.UNK	National Rural Health Association	N/A	(537)
93.UNK	NH Dept of Health & Human Services	1021329	1,041,071
93.UNK	North Country Health Consortium (NCHC)	N/A	3,999
	Subtotal		<u>2,456,600</u>
	U.S. Department of Health and Human Services total		<u>16,199,571</u>
National Science Foundation:			
Direct awards:			
47.070	National Science Foundation (NSF)	IIS-1228475	344
47.076	National Science Foundation (NSF)	DGE-0801490	346,850
47.076	National Science Foundation (NSF)	DGE-0947790	586,082
47.076	National Science Foundation (NSF)	DRL-1010577	493,623
47.076	National Science Foundation (NSF)	DUE-0941636	14,906
	Subtotal of 47.076		<u>1,441,461</u>
	Subtotal		<u>1,441,805</u>
Subagreements:			
47.076	Community College System of New Hampshire	NSF DUE-1104108	50,268
	National Science Foundation total		<u>1,492,073</u>
U.S. National Aeronautics and Space Administration:			
Direct awards:			
43.001	NASA Goddard Space Flight Center	NNX12AK60H	26,999
43.008	NASA Goddard Space Flight Center	NNX10ALB1H	1,414
	Subtotal		<u>28,413</u>
Subagreements:			
43.000	University of New Hampshire	11-015	182,867
	Subtotal		<u>182,867</u>
	U.S. National Aeronautics & Space Administration total		<u>211,280</u>
Veteran's Administration:			
Direct awards:			
27.011	Department of Veterans Affairs	VA241-12-C-0132	23,153
27.011	Department of Veterans Affairs	VA241-13-C-0196	82,650
27.011	Department of Veterans Affairs	VA741-13-C-0011	480,806
27.011	VA Maryland Health Care System	PO#1:512D67099	(6,144)
27.011	White River Junction VA Medical Center	405-C37383	7,278
27.011	White River Junction VA Medical Center	405C37411	16,436
27.011	White River Junction VA Medical Center	405-C37421	9,821
27.011	White River Junction VA Medical Center	405-C47317	5,269
27.011	White River Junction VA Medical Center	405C47319	31,943
27.011	White River Junction VA Medical Center	405-C47344	52,633
27.011	White River Junction VA Medical Center	405D37004	12,829
27.011	White River Junction VA Medical Center	405-D37005	42,961
27.011	White River Junction VA Medical Center	405-D47003	9,773
27.011	White River Junction VA Medical Center	N/A	16,487
27.011	White River Junction VA Medical Center	V0024IP-00100	3,963
27.011	White River Junction VA Medical Center	VA105-C00462	2,725
	Subtotal of 27.011		<u>792,582</u>
Subagreements:			
27.011	Veterans Educ & Resrch Assoc of New England	N/A	149,103
	Subtotal		<u>149,103</u>
	Veteran's Administration total		<u>941,685</u>

The accompanying notes are an integral part of this schedule.

Dartmouth College
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

CFDA Number	Federal Grantor/Pass-through Grantor/Program	Award Number/Pass-through Identification Number	Federal Expenditures
U.S. Department of Defense:			
Direct awards:			
12.901	National Security Agency (NSA)	H98230-12-1-0293	<u>3,735</u>
Subtotal			<u>3,735</u>
Subagreements:			
12.431	University of Illinois	2013-00635-01 (A0342)	<u>12,101</u>
Subtotal			<u>12,101</u>
U.S. Department of Defense total			<u>15,836</u>
U.S. Department of Agriculture:			
Direct awards:			
10.914	Natural Resources Conservation Service (NON-LOC)	811428130GK	<u>17,477</u>
10.UNK	Natural Resources Conservation Service (NON-LOC)	EQIP 2008 741428130C4	<u>9,062</u>
Subtotal			<u>26,539</u>
Subagreements:			
10.914	Natural Resources Conservation Service	721428070BP	<u>38,090</u>
U.S. Department of Agriculture total			<u>64,629</u>
U.S. Department of Education:			
Direct awards:			
84.133A	Department of Education	H133A120164	<u>444,962</u>
84.200	Department of Education	P200A100031	<u>25,248</u>
84.200A	Department of Education	P200A120038	<u>238,576</u>
84.200A	Department of Education	P200A120041	<u>229,348</u>
84.200A	Department of Education	P200A120042	<u>150,261</u>
84.200A	Department of Education	P200A120087	<u>143,713</u>
Subtotal of 84.200A			<u>761,898</u>
U.S. Department of Education total			<u>1,232,108</u>
National Endowment for the Arts:			
Direct awards:			
45.169	National Endowment for the Humanities	HK-50021-12	<u>142,917</u>
45.024	National Endowment for the Arts (NEA)	13-5400-7069	<u>34,525</u>
45.024	National Endowment for the Arts (NEA)	14-5400-7038	<u>26,066</u>
Subtotal of 45.024			<u>60,591</u>
45.301	Institute of Museum and Library Services	MA-30-13-0480-13	<u>27,096</u>
Subtotal			<u>230,604</u>
Subagreements:			
45.025	New England Foundation for the Arts	13-26181	<u>5,000</u>
45.025	New England Foundation for the Arts	13-26226	<u>7,500</u>
45.025	New England Foundation for the Arts	13-26228	<u>9,000</u>
45.025	New England Foundation for the Arts	13-26232	<u>8,500</u>
Subtotal of 45.025			<u>30,000</u>
National Endowment for the Arts total			<u>260,604</u>
Other Federal Agencies:			
Direct awards:			
99.000	Tennessee Valley Authority	5462	<u>120,510</u>
Subtotal			<u>120,510</u>
Subagreements:			
97.067	NH Div of Public Health Services	NNEMMRS	<u>164</u>
98.UNK	Program for Appropriate Technology in Health (PATH)	GAT.1387-05810-CRT	<u>6,945</u>
19.UNK	IREX	FY14-YALI-Dartmouth-01	<u>59,180</u>
98.UNK	University Research Co., LLC	FY11-A08-7500	<u>82,608</u>
98.UNK	Republic of Rwanda Ministry of Health	N/A	<u>850,005</u>
Subtotal			<u>998,902</u>
Other Federal Agencies total			<u>1,119,412</u>
Total Other Sponsored Programs			<u>24,402,247</u>
Grand Total			<u>\$ 158,293,780</u>

The accompanying notes are an integral part of this schedule.

Dartmouth College
Notes to Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") summarizes the expenditures of Dartmouth College (the "College" or "Dartmouth") under federal government programs for the year ended June 30, 2014. The information in this schedule is presented in accordance with the requirements of U.S. Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments and Nonprofit Organizations*. Negative amounts on the Schedule represent adjustments to expenditures reported in the prior year. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.

For purposes of the Schedule, federal awards include all grants, contracts, and similar agreements entered into directly between the College and agencies and departments of the federal government and all subawards to the College by nonfederal organizations pursuant to federal grants, contracts, and similar agreements.

2. Summary of Significant Accounting Policies for Federal Award Expenditures

Expenditures for direct and indirect costs are recognized as incurred using the accrual method of accounting and the cost accounting principles contained in the OMB Circular A-21, *Cost Principles for Educational Institutions*, and the regulations of the specific programs. Under those cost principles, certain types of expenditures are not allowable or are limited as to reimbursement.

3. Facilities and Administrative Costs

Dartmouth recovers facilities and administrative (F&A) costs associated with research and development pursuant to arrangements negotiated with the Department of Health and Human Services (DHHS). Dartmouth submitted an F&A cost proposal in the fall of 2011 for negotiated F&A rates that became effective July 1, 2011. Dartmouth's F&A cost rate for fiscal year 2014 is 62% for on-campus research.

4. Federal Student Loan Programs

Loans made to eligible students and parents under federal student loan programs during the year ended June 30, 2014 are not included in the Schedule, and are summarized as follows:

Title IV Program Federal Perkins Loan Program (Perkins)	\$ 4,103,992
Federal Direct Student Loans	<u>27,898,475</u>
	<u>\$ 32,002,467</u>

Federal direct loans are issued by the U.S. Department of Education directly to students and their parents. The balances and transactions relating to these loans are not included in Dartmouth's financial statements.

The Perkins loans are administered and serviced directly by Dartmouth. The Perkins Loan Program principal cancelled for the year ended June 30, 2014 is \$60,892. In addition, Dartmouth continues to service Health Education Assistance Loans (HEAL) which were issued in previous years. Balances and transactions relating to these loans are included in Dartmouth's financial statements.

Dartmouth College
Notes to Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014

The balances outstanding on these loans at June 30, 2014 are as follows:

Perkins	\$ 23,062,692
HEAL	<u>176,515</u>
	<u>\$ 23,239,207</u>

For the year ended June 30, 2014, Dartmouth claimed \$275,593 in administrative cost allowances related to its student financial assistance programs, which are not included in the Schedule.

5. Pass-Through Awards

For the year ended June 30, 2014, Dartmouth received awards directly and from federal agencies, which were passed through to suprecipients. The amounts passed through are as follows:

Research and development	\$ 18,419,466
Other	<u>6,359,791</u>
	<u>\$ 24,779,257</u>

These amounts are included in the total expenditures shown on the Schedule.



**Independent Auditor's Report on Internal Control Over Financial Reporting
and on Compliance and Other Matters Based on an Audit of Financial
Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Trustees of Dartmouth College:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the consolidated financial statements of Dartmouth College (the "College"), which comprise the statement of financial position as of June 30, 2014, and the related statement of activities, operating expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 20, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the College's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control. Accordingly, we do not express an opinion on the effectiveness of the College's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.



Compliance and Other Matters

As part of obtaining reasonable assurance about whether the College's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the College's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the College's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

PricewaterhouseCoopers LLP

Boston, Massachusetts
October 20, 2014



**Independent Auditor's Report on Compliance with Requirements
That Could Have a Direct and Material Effect on Each Major Program and on Internal
Control Over Compliance in Accordance with OMB Circular A-133**

To the Board of Trustees of Dartmouth College:

Report on Compliance for Each Major Federal Program

We have audited Dartmouth College's (the "College") compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of the College's major federal programs for the year ended June 30, 2014. The College's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the College's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the College's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the College's compliance.



Opinion on Each Major Federal Program

In our opinion, the College complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014.

Other Matters

The results of our auditing procedures disclosed two instances of noncompliance, which are required to be reported in accordance with OMB Circular A-133 and which are described in the accompanying schedule of findings and questioned costs as items 2014-001 and 2014-002. Our opinion on each major federal program is not modified with respect to this matter.

The College's response to the noncompliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The College's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Management of the College is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the College's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the College's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material



weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

PricewaterhouseCoopers LLP

Boston, Massachusetts
March 26, 2015

Dartmouth College
Schedule of Findings and Questioned Costs
Year Ended June 30, 2014

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? yes no
- Significant deficiency(s) identified that are not considered to be material weakness(es)? yes none reported
- Noncompliance material to financial statements noted? yes no

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? yes no
- Significant deficiency(s) identified that are not considered to be material weaknesses? yes none reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133? yes no

Identification of Major Programs:

CFDA Number(s)	Name of Federal Program or Cluster
Various 93.610 93.702	Research and Development Cluster Centers for Medicare and Medicaid Services Nat'l Center for Research Resources (NCRR)

Dollar threshold used to distinguish between type A and type B programs: \$3,000,000

Auditee qualified as low-risk auditee? yes no

2. Findings Relating to the Financial Statements Reported in Accordance with Government Auditing Standards

None noted.

**Dartmouth College
Schedule of Findings and Questioned Costs
Year Ended June 30, 2014**

3. Federal Award Findings and Questioned Costs

Finding 2014-001

Research and Development Cluster

Grantor: National Cancer Institute, Tufts University and Office of the Director

Grant Name: Effectors Myc Function, Leaders YR31 S4, NCCC Core, Invasive Behavior,
Mechanistic Analysis and Orbitrap

CFDA Number: 93.393, 93.859 and 93.351

Award Year: July 1, 2013 - June 30, 2014

Criteria

Institutions of higher education, hospitals, and other non-profit organizations shall follow the provisions of OMB Circular A-110. OMB Circular A-110 requires that equipment be used in the program for which it was acquired or, when appropriate, other Federal programs. Equipment records shall be maintained, a physical inventory of equipment shall be taken at least once every two years and reconciled to the equipment records, an appropriate control system shall be used to safeguard equipment, and equipment shall be adequately maintained.

Condition

Throughout testing of equipment inventory, we noted three departments had not completed their physical inventory counts within the two year requirement as of June 30, 2014.

Questioned Cost

None noted.

Cause

The cause of this noncompliance is due to the implementation of a new fixed assets system during fiscal 2014. The College had technical issues with the new radio frequency identification tags (RFID); these tags were intended to assist in performing equipment inventories, however, the RFIDs were not ready for use. As the College tracks equipment inventories on a departmental basis, the inventory is not completed until all items within that department are inspected. Due to this policy, the inventory was not completed within the two year requirement. All required inventories have been completed to date.

Effect

Federally funded equipment could be sold, transferred or disposed of without the knowledge of the College.

Recommendation

We recommend that the College implement the necessary policies and procedures to ensure that all departments that have federally funded equipment perform a physical inventory within the two year requirement.

Management's Views and Corrective Action Plan

Management's views and corrective action plan is included at the end of this report after the summary schedule of prior audit findings.

Dartmouth College
Schedule of Findings and Questioned Costs
Year Ended June 30, 2014

Finding 2014-002

Other Sponsored Programs

Grantor: Department of Health and Human Services

Grant Name: The high value healthcare collaborative: engaging patients to meet the triple aim

CFDA Number: 93.610

Award Year: July 1, 2013 – June 30, 2014

Criteria

Institutions of higher education, hospitals, and other non-profit organizations shall follow the provisions of OMB Circular A-110. OMB Circular A-110 requires that cost transfers occur within a reasonable time after the original charge (defined by institutional policy or federal regulation).

Condition Found and Perspective

During fiscal year 2014, there were 52 wage related cost transfers and 25 non-wage related cost transfers for a total of 77 transfers for this award. Of the 25 non-wage related cost transfers performed during fiscal year 2014, we selected four for testing from this award and did not note any exceptions. Of the 52 wage transfers for this award, none were selected for review. However, management brought to our attention that during fiscal year 2014, six employees' labor allocations were adjusted incorrectly and outside the time period required for compliance with Dartmouth's wage transfer policy. This policy states that wage transfers should be completed within 90 days of the original charge. Although the adjustments were not in compliance with Dartmouth's policy, the costs were determined to be allowable. The impact to fiscal year 2014 was removal of \$49,000 of salary and fringe benefit costs (from a total of \$1.2 million for the award).

Questioned Costs

None noted.

Cause

The cause of this noncompliance was a misunderstanding of Dartmouth's policy by the grant manager.

Effect

The costs associated with a grant could be over/under stated.

Recommendation

We recommend that Dartmouth reiterate the importance of its policies and procedures around cost transfers to grant managers and principal investigators in order to ensure there is an understanding of the impact when such policies and procedures are not followed.

Management's Views and Corrective Action Plan

Management's views and corrective action plan is included at the end of this report after the summary schedule of prior audit findings and status.

Dartmouth College
Summary Schedule of Prior Audit Findings
Year Ended June 30, 2014

Finding 2013-1

Research and Development Cluster

Grantor: National Science Foundation and Department of Defense

Award #: CNS-1205521, W911NF-12-1-0607, AST-1211384 and BCS-1222531

CFDA Number: 47.070, 12.431, 47.049 and 97.075

Award Year: July 1, 2012 - June 30, 2013

Condition

During the other auditor's testing over equipment, they noted there are 43 departmental units with equipment purchased through federal grants. The other auditor noted that 6 of the 43 departments had not completed and reconciled their physical inventory within the two year requirement.

Recommendation

The other auditor's recommended that Dartmouth implement the necessary policies and procedures to ensure that all departments that received federal funds to purchase equipment have a physical inventory performed every two years.

Status

Dartmouth College implemented Oracle's Fixed Assets module for tracking assets in November 2013. A second phase of the project scheduled to be completed in fiscal year 2014 was to implement a radio frequency identification tag (RFID) system to assist in performing the equipment inventories. Due to technical issues, the system didn't go live until October 2014. As part of the system implementations, Dartmouth's policies, procedures and training materials have been updated to improve compliance with biennial inventory requirements. Although a similar finding was identified in fiscal 2014, the College has shown improvement as a result of the system implementation with all inventories being completed. The inventories were not completed, however, within the required two year period. Refer to the current year finding for more information.



Dartmouth College

Procurement Services • 7 Lebanon Street • Suite 313 • Hanover • New Hampshire • 03755
Tel: (603) 646-2811 • Fax: (603) 646-3810 • E-mail: procurement.services@dartmouth.edu

November 18, 2014

To Whom It May Concern:

Re: A-133 Audit Findings on Equipment Inventories

Dartmouth's Management Response: Dartmouth College implemented Oracle's Fixed Assets module for tracking assets in November 2013. A second phase of the project scheduled to be completed in fiscal year 2014 was to implement a radio frequency identification tag (RFID) system to assist in performing the equipment inventories. Due to technical issues, the system didn't go live until October 2014. As part of the system implementations, our policies, procedures and training materials have been updated to improve compliance with biennial inventory requirements.

Thanks,

Tammy L. Moffatt
Director of Procurement, Payables and Inventory



Dartmouth College

Office of Sponsored Projects
11 Rope Ferry Road, HB 6210
Hanover, NH 03755-1404

TELEPHONE (603) 646 - 3007
FAX (603) 646 - 3670
EMAIL: sponsored.projects@dartmouth.edu

March 23, 2015

To Whom it May Concern:

Re: A-133 Audit Finding on Transfers

Dartmouth's Management Response: Management notified the auditors when the policy exceptions were discovered. Charges in question represent actual work performed on the grant but were not charged timely in accordance with Dartmouth College policy. Dartmouth has informed the funding agency and will correct all charges to the grant that were not processed in compliance with our wage transfer policy. The department in question is receiving training from the Office of Sponsored Projects on appropriate processes related to labor charges.

A handwritten signature in cursive script that reads "Jill Mortali".

Jill Mortali
Director, Office of Sponsored Projects

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Benjamin F. Wilson '73
Managing Principal
Beveridge & Diamond, P.C.
Washington, DC

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Rees, Judith

POSITION TITLE: Assistant Professor

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Oxford University, England	BA	06/85	Physiological Sciences
Oxford University, England	BM,BCh	06/88	Medicine
University of California, Berkeley	MPH	05/96	Epidemiology
University of California, Berkeley	PhD	05/01	Epidemiology

A. Personal Statement

I am a physician-epidemiologist in the Department of Community and Family Medicine and the Department of Epidemiology at the Geisel School of Medicine, Dartmouth College. I graduated in medicine from Oxford University and completed a three-year general practice residency in the United Kingdom, followed by an MPH and PhD in Epidemiology from the University of California, Berkeley. My expertise includes cancer epidemiology and prevention, disease surveillance methodology, and I have been the Director of the New Hampshire State Cancer Registry since 2004.

B. Positions and Honors**Positions and Employment**

1988-1989 Intern, Medicine & Gastroenterology, Northampton General Hospital, UK
 1989 Intern, General Surgery and Urology, Churchill Hospital, Oxford, UK
 1989-1990 Programmer, Welsh Health Services, Cardiff, UK
 1990 Resident, Accident & Emergency Department, St. Helier Hospital, Surrey, UK
 1991-1994 Resident, General Practice (Obstetrics/Gynecology, Pediatrics, Internal Medicine, Rheumatology, Palliative Care, Psychiatry), Northampton General Hospital, UK
 1994 George Herbert Hunt Traveling Scholarship (Oxford University)
 1995-2001 Surveillance Officer, California Emerging Infections Program (CEIP), San Francisco, CA
 1997-1998 Non-Resident Tuition Scholarship (University of California, Berkeley)
 1997-2000 Project Director, Drinking Water Evaluation Trial, (CEIP), Berkeley, CA
 1998-1999 University Fellowship for Graduate Study in Public Health (University of California, Berkeley)
 2002-2004 Research Assistant Professor, Biostatistics and Epidemiology, Dartmouth Medical School, NH
 2004-2008 Cancer Epidemiology and Chemoprevention Research Program member, Norris Cotton Cancer Center, Lebanon, NH
 2004-2008 Director, New Hampshire State Cancer Registry
 2008-2008 Course Director, Biostatistics & Epidemiology (a core course for year 1 medical students)
 2008-2008 Member, American Cancer Society/Norris Cotton Cancer Center Local Institutional Research Grant Committee, Lebanon, NH

Other Experience and Professional Memberships

2005	NH Chronic Disease Conference Planning Committee
2005-2007	NH Advisory Panel on Cancer and Chronic Disease
2006	NH DHHS Evaluation Design of the NH Comprehensive Cancer Collaboration RFP review panel
2006	NH DHHS Comprehensive Cancer Collaboration Management RFP review panel
2005-2008	NH Comprehensive Cancer Collaboration: Steering Committee & Emerging Issues Committee
2005-2007-	NH Comprehensive Cancer Collaboration: Data Use Committee
2009-	NH State Cancer Registry Advisory Panel
2010-	Medical Education Committee, Dartmouth Medical School
2010-	Medical Advisory Board, New Hampshire Colorectal Cancer Screening Program
2010	Prevention Translation Supplement Awards Review Committee, Canadian Cancer Society
2013-	PLOS ONE Editorial Board

C. Contribution to Science

1. Skin cancer epidemiology and multiple malignancies: I have combined my roles as a co-investigator on the study "Non-Melanoma Skin Cancer in New Hampshire" (PI, Karagas), and director of the New Hampshire State Cancer Registry to conduct linkage studies assessing the risk of cancer and death after keratinocyte cancer^{a,b}, and have also examined risk of others cancers after skin cancer in two other collaborative settings^{c,d}. These studies confirm the elevated risk of cancer after keratinocyte cancer^a and after melanoma^{c,d}, and the increased mortality after keratinocyte cancer even with adjustment for the time-dependent occurrence of intervening major cancers. They also highlight differences between basal and squamous cell carcinoma and argue for caution when pooling these two very different cancers during epidemiologic studies.

- a. JR Rees, MS Zens, J Gui, MO Celaya, BL Riddle, MR Karagas. Non melanoma skin cancer and subsequent cancer risk. PLoS ONE. 2014 Jun 17;9(6):e99674.
- b. JR Rees, MS Zens, MO Celaya, BL Riddle, MR Karagas, JL Peacock. Survival after squamous cell and basal cell carcinoma of the skin: A retrospective cohort analysis. Int J Cancer. 2015 Aug 15;137(4):878-84.
- c. A Balamurugan, JR Rees, C Kosary, SH Rim, J Li, SL Stewart. Subsequent primary cancers among men and women with in situ and invasive melanoma of the skin. J Am Acad Dermatol. 2011 Nov;65:S69-77.
- d. TE Robsahm, MR Karagas, JR Rees, A Syse. New malignancies after squamous cell carcinoma and melanomas: a population-based study from Norway. BMC Cancer. 2014 Mar;14:210.

2. Patterns of cancer care in New Hampshire: As Director of the New Hampshire State Cancer Registry, I have used New Hampshire data to examine discrepancies in cancer treatment. We have established that use of conservative management in low risk prostate cancer has increased appropriately in recent years following changes in national treatment guidelines^a; travel distance to mammography centers does not influence breast cancer stage at diagnosis^b; but travel distance for radiation significantly affects treatment choices in early stage breast cancer, especially during cold winter months^c. In addition, a tri-state registry collaboration with Maine and Vermont of patients with colorectal and breast cancer, identified differences between rural and urban patients in age and cancer stage at diagnosis, and in patterns of care such as lymph node sampling during surgical treatment.^d

- a. JP Ingimarsson, MO Celaya, M Laviolette, JR Rees, ES Hyams. Trends in initial management of prostate cancer in New Hampshire – Reasons for optimism? Cancer Causes Control. 2015 Jun; 26(6):923-9.
- b. MO Celaya, EM Berke, TL Onega, J Gui, BL Riddle, SS Cherala, JR Rees. Breast cancer stage at diagnosis and geographic access to mammography screening (New Hampshire, 1998-2004). Rural Remote Health. 2010 Apr-Jun;10(2):1361.
- c. MO Celaya MO, JR Rees, JJ Gibson, BL Riddle, ER Greenberg. Travel distance and season of diagnosis affect treatment choices for women with early-stage breast cancer in a predominantly rural population (United States). Cancer Causes Control. 2006 Aug;17(6):851-6.
- d. A Johnson, JR Rees, M Schwenn, BL Riddle, C Verrill, MO Celaya, et al. Oncology Care in Rural Northern New England. J Oncol Pract. 2010 Mar;6(2): 1-9.

3. Randomized controlled trials: A primary interest stemming from my work in randomized controlled trials is the study of unblinding and bias;^{a,b} this work led to a recent RO3 to assess participants beliefs and perceptions

about study treatments, and their effects on adherence and health outcomes. In August 2014, my RO3 proposal was featured with a researcher profile on the website of the National Cancer Institute Behavioral Research, Cancer Control & Population Sciences; (Participant beliefs and bias in a randomized controlled trial, Rees et al), <http://staffprofiles.cancer.gov/brp/granteeProfile.do?contactId=22545693&grpId=52812> published as an example for other grant writers. I presented the first results from this study at the third International Clinical Trials Methodology Conference in Scotland in November 2015, and this and other papers are pending.

- a. JR Rees, TJ Wade, DA Levy, JM Colford, JH Hilton. Changes in beliefs identify unblinding in randomized controlled trials: A method to meet CONSORT guidelines. *Contemp Clin Trials*. 2005 Feb; 26(1):25-37.
- b. JM Colford, JR Rees, TJ Wade, A Khalakdina, JF Hilton, IJ Ergas, S Burns, A Benker, C Ma, C Bowen, DC Mills, DJ Vugia, DD Juraneck, DA Levy. "Participant blinding and gastrointestinal illness in a randomized, controlled trial of an in-home drinking water intervention." *Emerging Infectious Diseases* 2002; 8(1):29-36.
- c. EL Barry, JR Rees, JL Peacock, LA Mott, CI Amos, RM Bostick, JC Figueiredo, DJ Ahnen, RS Bresalier, CA Burke, JA Baron. Genetic Variants in CYP2R1, CYP24A1 and VDR Modify the Efficacy of Vitamin D3 Supplementation for Increasing Serum 25-Hydroxyvitamin D in a Randomized Trial. *J Clin Endocrinol Metab*. 2014 Oct;99(10):E2133-7. doi: 10.1210/jc.2014-1389. Epub 2014 Jul 29
- d. J Baron, E Barry, L Mott, J Rees, R Sandler, D Snover, et al. A Clinical Trial of Calcium and Vitamin D for the Prevention of Colorectal Adenomas. *NEJM* 2015; 373(16):1519-30.

4. Infectious disease epidemiology: My career began^{c-e} in infectious disease epidemiology with studies of the incidence and characteristics of invasive fungal infections and bacterial gastroenteritis, and I continue to pursue infectious disease-related studies. During my clinical trial work, we added a secondary study within the colorectal adenoma chemoprevention trial, showing that 1000 IU vitamin D₃ daily supplementation during the H1N1 influenza pandemic of 2009-10 did not reduce the incidence or duration of upper respiratory tract infection or their component syndromes, colds and influenza-like illness.^a This report was featured on December 3, 2013 in the New York Times (page D6 of the New York edition) with the headline: "Prevention: Hold the Vitamin D and Calcium" and on-line at http://well.blogs.nytimes.com/2013/12/02/vitamin-d-fails-to-ease-winter-coughs-and-colds/?_php=true&_type=blogs&_r=1. In addition, I have participated in multiple studies^{e.g.b} of infectious prions, the proteins that cause fatal neurodegenerative diseases such as Creutzfeldt-Jakob Disease in humans and scrapie in sheep.

- a. JR Rees, K Hendricks, EL Barry, JL Peacock, LA Mott, RS Sandler, RS Bresalier, M Goodman, RM Bostick, JA Baron (2013) Vitamin D3 Supplementation and Upper Respiratory Tract Infections in a Randomized, Controlled Trial. *Clin Infect Dis*. Advance Access Sept 6, 2013
- b. NR Deleault, BT Harris, JR Rees, S Supattapone. "Formation of Native Prions from Minimal Components In Vitro" *Proceedings of the National Academy of Sciences* 2007; 104; 23; 9741-9746.
- c. JR Rees, MA Pannier, A McNeese, S Shallow, FJ Angulo, DJ Vugia. "Persistent diarrhea, arthritis, and other complications of enteric infections: a pilot survey based on California Foodnet surveillance, 1998-1999." *Clinical Infectious Diseases* 2004;38 (Suppl 3): S311-317.
- d. JR Rees, RW Pinner, RA Hajjeh, ME Brandt, AL Reingold. "The epidemiologic features of invasive mycotic infections in the San Francisco Bay Area 1992-1993: results of population-based laboratory active surveillance". *Clinical Infectious Diseases* 1998; 27:1138-47.

Complete List of Published Work in MyBibliography:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/judith.rees.1/bibliography/44014541/public/?sort=date&direction=ascending>

Bruce L. Riddle

Registry Manager

New Hampshire State Cancer Registry

Bruce.L.Riddle@Dartmouth.Edu / 603-653-6620

A Joint Program of Geisel School of Medicine at Dartmouth and the New Hampshire Department of Health and Human Services

Education:

M.A., Economics, Syracuse University, 1985.

Ph.D., International Relations, Syracuse University, 1977.

M.A., International Relations, Syracuse University, 1975.

B.A., Political Science, The Defiance College, 1972.

Honors: Chancellor's Citation for Distinguished Service, Syracuse University, 1992

Professional Experience:

Staff Member, New Hampshire State Cancer Registry, Dartmouth Medical School, November 1999-Present

- Network and Computing Administration, November 1999-present.
- Registry manager, January 2002-present.

Director, Computing and Technology Group, Maxwell School, Syracuse University, January 1994-May 1999.

- Supervised and managed Maxwell School's Computing and Technology Group, 6 professionals providing services to 130 faculty, 90 support staff, 600 graduate students, and 6,000 undergraduates.

Principal staff assistant for the building of Eggers Hall, Syracuse University, 1989-93.

- Created a vision for a new social science building, a \$20 million, 5-year project.

Designated computer staff person for the Maxwell School, Syracuse University, 1991-94

- Designed, implemented and administered a School-based local area network.

Senior Research Associate, Academic Computing Specialist, Metropolitan Studies Program, Maxwell School, Syracuse University, 1984-1992

- Conducted data analysis on public finance and health care in developed and developing countries in support of sponsored research. These projects included.
 - James Alm and Roy Bahl, "Evaluations of the Structure of the Jamaica Individual Income Tax," Jamaica Tax Structure Examination Project, Staff Paper No. 15, Metropolitan Studies Program, Syracuse University, December 1984, Revised March 1985.
 - Richard M. Bird and Barbara D. Miller, "The Incidence of Indirect Taxes on Low-Income Households in Jamaica," Jamaica Tax Structure Examination

Project, Staff Paper No. 26, Metropolitan Studies Program, Syracuse University, April 1986.

- Jorge Martinez, "Sensitivity Analysis and Evaluation of the Ecuadorian Personal Income Tax," Ecuador Fiscal Administrative Studies, Staff Paper No. 1, Local Revenue Administration Project, Maxwell School, Syracuse University, May 1986.
- Barbara D. Miller and Carl Stone, "Household Expenditures Effects of The Jamaica Food Stamp Programme," Jamaica Tax Structure Examination Project, Staff Paper No. 36, Metropolitan Studies Program, Maxwell School, Syracuse University, August 1987.
- Harvard Medical Practice Study, *Patients, Doctors, and Lawyers: Medical Injury, Malpractice Litigation, and Patient Compensation in New York*. The Report and the Harvard Medical Practice Study to the State of New York, 1990.

Research and Data Analyst, Department of Surgery, State University of New York Upstate Medical Center, 1976-1980.

- Provided computing and data analysis support for a study of burn mortality at the regional burn unit. Results of the work were published in:
 - William R. Clark, M.D., and Barbara S. Fromm, "Burn Mortality: Experience of a Regional Burn Unit and Literature Review," *ACTA Chirurgica Scandinavica Supplementum 537*, Stockholm, 1987.

Professional Consulting, data analysis and statistical programming, 1978-1991

- On a contractual basis performed data analysis for researchers from accounting, finance, human development, political science, law, sociology, and physical, special, and higher education.

Representative Projects Included:

- "The Effects of Repatriation on Chronic Psychiatric Patients," Hutching Psychiatric Center, Syracuse, New York.
- "Determinants of Lay and Lawyer Judicial Behavior," a NSF Grant to D. Marie Provine, Department of Political Science, Maxwell School, Syracuse University.
- "Disproportionality and Disparity in the Charging and Sentencing of Criminal Defendants for Homicide in Georgia," Center for Interdisciplinary Legal Studies, College of Law, Syracuse University.
- "Campus Wide Hazardous Material Inventory," Environmental Health Office, Syracuse University.
- "Study of Adjustments of New York State School Aid Formula to Take Account of Municipal Overburden (Final Report)," a sponsored project to Jerry Miner and Seymour Sacks, Metropolitan Studies Program, Maxwell School, Syracuse University, May 1980.
- "Econometric Analysis of Education Expenditures in Each State and Their Projections to 1990," for the School Finance Project, National Institute of Education, Jerry Miner and Seymour Sacks, Metropolitan Studies Program, Maxwell School, Syracuse University, March 1983.

Computing Consultant and Help Desk Supervisor, 1976-1979.

- Supervised approximately 10 undergraduates and graduate computing consultants, including recruitment and training.

Graduate Assistant and Teaching Assistant, International Relations Program, 1972-1975.

- Development of course materials and teaching of international relations and economics courses.
- Quantitative political and social research including the politics of oil and uses of the sea.

Publications and Papers:

"A Report on 3 State/3 Province Combined Cancer Incidence Rate Study: A Descriptive Epidemiology Study." December 2011.

"Reliability of rapid reporting of cancers in New Hampshire." Celaya MO, Riddle BL, Cherala S, Armenti K, Rees JR *J Registry Management*. 2010 Fall;37(3):107-111.

"Improving the quality of industry and occupation data at a central cancer registry." Armenti KR, Celaya MO, Cherala S, Riddle BL, Schumacher PK, Rees JR. *Am J of Ind Med*. 2010 Oct;5(10):995-1001.

"Breast cancer stage at diagnosis and geographic access to mammography screening (New Hampshire, 1998-2004)." Celaya MO, Berke EM, Onega TL, Gui J, Riddle BL, Cherala SS, Rees JR *Rural Remote Health*. 2010 Apr-Jun;10(2):1361. Epub 2010 Apr 23.

"Oncology care in rural northern New England." Johnson A, Rees JR, Schwenn M, Riddle B, Verrill C, Celaya MO, Nicolaidis DA, Cherala S, Feinberg M, Gray A, Rutstein L, Katz MS, Nunnink JC. *J Oncol Pract*. 2010 Mar;6(2):81-89.

"Travel Distance and Season of Diagnosis Affect Treatment Choices for Women with Early-stage Breast Cancer in a Predominantly Rural Population." Celaya MO, Rees JR, Gibson JJ, Riddle BL, Greenberg ER. *Cancer Causes Control*; 17(6): 851-6.

"Event Drive Data Set for Cancer Surveillance." B. Riddle and DK Boeshaar. *Journal of Registry Management*, Vol. 33(2) Summer 2006: 57-63.

"On the Coding and Reporting of Race and Ethnicity in New Hampshire for Purposes of Cancer Reporting," B Riddle. *Ethnicity and Disease*. 2005;15: 324-331.

"A Review of Death Clearance in Central Cancer Registries and Proposal for a New Regime." B. Riddle. *Journal of Registry Management*, Vol. 31 (2). Summer 2004: 67-73.

"The Fiscal Condition of School Districts in Nebraska: Is Small Beautiful?" K Ratcliffe, B Riddle, J Yinger. *Economics of Education Review*, Vol. 9, No. 1 (1990): 81-99.

"Passwords in Use in a University Timesharing Environment." B Riddle, M Miron, J Semo. *Computers & Security*, Vol. 8 (1989): 569-579.

"Who Pays the Nebraska State Personal Income Tax Before and After State Reform?" Nebraska Comprehensive Tax Study Staff Paper No. 4, B Riddle and S Wallace-Moore. Metropolitan Studies Program, Maxwell School, Syracuse University, November 1987.

"Payroll Tax Reform in Jamaica," Jamaica Tax Structure Examination Project, Staff Paper No. 35, B Riddle and M Wasylenko. Metropolitan Studies Program, Maxwell School, Syracuse University, July 1987.

"Final Report: Fire Department Participation in the Identification and Transportation of Victims of Thermal Injury," A Report to the United States Fire Administration, Federal Emergency Management Agency, B Riddle and D Learner, 1981.

Presentations:

"Cancer Surveillance in the Era of Molecular Markers." North American Association of Central Cancer Registries 2013 Annual Meeting, Austin Texas with A Andrew, M Zens, J Rees.

"Security Issues: A Problem Statement." National Program of Cancer Registries Program Directors Conference. May 2008. Atlanta, Georgia. Invited Presentation.

"Electronic Medical Information and Its Impact on Registries." Cancer Registrars Association of New England Annual Meeting, November 2005, Westboro, Massachusetts.

"An Events Driven Data Set for Cancer Surveillance." Rocky Mountain Cancer Data Systems Annual Meeting, September 2005, Arlington, Virginia.

"Cancer Incidence Rates for New Hampshire." NHSCR Spring Education Meeting, April 2005, Concord, New Hampshire.

"Patterns of Morphology Reporting," North American Association of Central Cancer Registries 2004 Annual Meeting, Salt Lake City Utah, June 2004.

"On the Coding and Reporting of Race and Ethnicity in New Hampshire," Presented to North American Association of Central Cancer Registries 2003 Annual Meeting, Honolulu, Hawaii, June 2003.

"Using Out of the Box Software to Protect and Secure Registry Data." Presented at the North American Association of Central Cancer Registries Annual Meeting, June 3-9, 2001, Miami Beach, Florida.

"Supporting the Campus Technology Explosion: Bricks without Straw." Presented to the Eastern Sociology Society, Boston, Massachusetts, March 4, 1999.

Poster Presentations:

"A New Model for Annual Cancer Incidence Reporting." B. Riddle, A. D. Fuld, MD, MS., M. S. Ernstoff, MD, A. Andrew, PhD., M. O. Celaya, MPH., CTR., GM M. Hosain, MB., BS, PhD., J. R. Rees, BM, BCh, PhD. North American Association of Central Cancer Registries 2014 Annual Meeting, Ottawa, Canada.

"Findings From the 2011-2012 NAACCR Death Clearance Evaluation Workgroup Issues Survey." M. Williams, B. Riddle R. Otto, C. Sherman, L. Dickie.

North American Association of Central Cancer Registries 2013 Annual Meeting, Austin Texas.

"Estimating the Costs of a Data Breach: An Exercise at the New Hampshire State Cancer Registry." B. Riddle, S. Nyman, J. Rees. North American Association of Central Cancer Registries 2012 Annual Meeting, Portland, Oregon.

"The Impact of Veterans Affairs Cancer Reporting in New Hampshire." B. Riddle, J. Rees, M. Celaya, S. Cherala. North American Association of Central Cancer Registries 2012 Annual Meeting, Portland, Oregon.

"Cancer and Place of Death: A micro-study about death in New Hampshire." B. Riddle. North American Association of Central Cancer Registries 2010 Annual Meeting, Quebec City, Quebec, Canada, June 2010. Poster won a 3rd Place award.

"Death Certificates and Estimates of Cancer Mortality." B. Riddle and M Celaya. North American Association of Central Cancer Registries 2008 Annual Meeting, Denver, Colorado, June 2008. Poster won a 1st Prize award.

"Event Level Architecture for an Event Driven Data Set for Electronic Cancer Surveillance" B. Riddle. North American Association of Central Cancer Registries 2005 Annual Meeting, Detroit, Michigan, June 2007.

"Event Driven Data Set for Cancer Surveillance." B. Riddle and D.K. Boeshaar, North American Association of Central Cancer Registries 2005 Annual Meeting, Cambridge, Massachusetts, June 2005.

"Questions about Sensitivity and Specificity of NAACCR Hispanic Identification Algorithm in a State with Small Non-White Population." B Riddle, JR Rees. North American Association of Central Cancer Registries 2004 Annual Meeting, Salt Lake City Utah, June 2004.

"Using Windows XP to Secure Laptop Computers to Hold Confidential Information," B. Riddle. North American Association of Central Cancer Registries 2002 Annual Meeting, Toronto, Ontario, Canada, June 2002.

"Looking at Central Sequence Number to Access the Reliability of a Central Registry Data Set," B Riddle. North American Association of Central Cancer Registries 2002 Annual Meeting, Toronto, Ontario, Canada, June 2002.

Professional Courses:

Principles and Practice of Cancer Registration, Surveillance, and Control, Rollins School of Public Health, Emory University, Atlanta, Georgia (March 2001)
Advanced Cancer Registry Training Program, Rollins School of Public Health at Emory University, Atlanta, Georgia (February 2001)

Special Projects:

Consultant to Washington and Lee University, Lexington, Virginia, under a National Science Foundation CAUSE Grant. Conducted a six week workshop for the faculty on social science computing and SPSS. Prepared an introductory manual on job control language for students. Summer 1978.

Maria O. Celaya, MPH, CTR

EDUCATION

<u>Date</u>	<u>Degree</u>	<u>Institution</u>	<u>Field of Study</u>
2004	MPH	University of New Hampshire Dept of Health Management & Policy Manchester, NH	Public Health Policy & Mgt.
2002	BS	University System of New Hampshire Granite State College Lebanon, NH	Management/Info. Technology
1995	AAS	Phoenix College Phoenix, AZ	Health Information Technology

ADDITIONAL COURSEWORK

2010-2011		Professional Development Human Resources, Dartmouth College Hanover, NH	Management Essentials at Dartmouth
Spring 2010		Dartmouth Medical School	DMS Biostatistics & Epidemiology (audit)
1997		State of Arizona Dept. of Administration Phoenix, AZ	Leadership Foundations
1996-1999		Glendale Community College Glendale, AZ	Business/Accounting

PROFESSIONAL EXPERIENCE

2000-present	Assistant Director, Field Operations - Research Scientist New Hampshire State Cancer Registry Geisel School of Medicine at Dartmouth Community and Family Medicine, Section of Biostatistics & Epidemiology Hanover, NH		
2013-present	QA Technical Specialist (part-time, remote) Westat Rockville, MD		
1999-2000	Data Collections/Editing Section Manager		
1997-1999	Administrative Support Supervisor		
1995-1997	Cancer Registrar Arizona Cancer Registry - AZ Dept. of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics, Office of Health Registries Phoenix, AZ		

CANCER REGISTRATION CONSULTING SERVICES

2010 ICF Macro – Bethesda, MD
1999-2000 Valley Lutheran Hospital – Mesa, AZ
1999 Columbia Northwest Medical Center – Tucson, AZ
1998 Tempe St. Luke’s Hospital – Tempe, AZ
1997 Flagstaff Medical Center – Flagstaff, AZ
1997 Boswell Medical Center – Sun City, AZ
1996 Flagstaff Medical Center – Flagstaff, AZ
1994-1996 Columbia Medical Center Phoenix – Phoenix, AZ

PROFESSIONAL CREDENTIALS

1997-present Certified Tumor Registrar (CTR) – National Cancer Registry Association
1995-2010 Registered Health Information Technician (RHIT) – American Health Information Management Association

AFFILIATIONS

2014-2015 Member, Nominating Committee – Cancer Registrars Association of New England
2012-2013 Vice-President – Cancer Registrars Association of New England
2012-2013 Member, Nominating Committee – North American Association of Central Cancer Registries
2005-present Member, Emerging Issues Committee – New Hampshire Comprehensive Cancer Control Initiative
2002-present Member, Registry Operations Committee – North American Association of Central Cancer Registries
1997-present NCRA Member – National Cancer Registry Association
2008-2010 Member, Board of Directors – NH Comprehensive Cancer Collaboration
2007-2009 Chair, By-Laws Committee – Cancer Registrars Association of New England
2007-2008 Member, By-Laws Committee – Cancer Registrars Association of New England
2006-2008 Chair, Nominating Committee – Cancer Registrars Association of New England
2001-2004 Treasurer – North Eastern States Cancer Registry Association

RESEARCH SUPPORT

10/01/2013 – Present

CDC-ICF Macro (#13EDSK0109)

Expanding Data Collection Infrastructure of National Program of Cancer Registries for Patient Centered Outcomes Research (PCOR)

12/01/2010 – 09/30/2013

CDC-ORC Macro (#200-2002-00574)

*Prevention Research Centers Comparative Effectiveness Research Program U48
Enhancing cancer Registry Data for Comparative Effectiveness Research (CER)*

11/10/2003 – 09/30/2004

CDC-ORC Macro (#200-2002-00574)

Assessment of Completeness of Reporting of Melanoma to Central Cancer Registries

PROFESSIONAL AWARDS

2014 NAACCR Achievement Award
2010 NAACCR Merit Award

PEER-REVIEWED PUBLICATIONS

Ingimarsson JP, Celaya MO, Laviolette M, Rees JR, Hyams ES. Trends in initial management of prostate cancer in New Hampshire. *Cancer Causes Control*. 2015 Apr 4. [Epub ahead of print]

Rees JR, Zens MS, Celaya MO, Riddle BL, Karagas MR, Peacock JL. Survival after squamous cell and basal cell carcinoma of the skin: A retrospective cohort analysis. *Int J Cancer*. 2015 Jan 16. doi: 10.1002/ijc.29436. [Epub ahead of print].

Chen VW, Eheman CR, Johnson CJ, Hernandez MN, Rousseau D, Styles TS, West DW, Hsieh M, Hakenewerth AM, Celaya MO, Rycroft RK, Wike JM, Pearson M, Brockhouse J, Mulvihill LG, Zhang KB. Enhancing Cancer Registry Data for Comparative Effectiveness Research (CER) Project: Overview and Methodology. *J Registry Manag*. 2014 Fall;41(3):103-12.

JR Rees, MS Zens, J Gui, MO Celaya, BL Riddle, MR Karagas. Non melanoma skin cancer and subsequent cancer risk. *PLoS One*. 2014 Jun 17;9(6):e99674.

Wyszynski A, Tanyos SA, Rees JR, Marsit CJ, Kelsey KT, Schned AR, Pendleton EM, Celaya MO, Zens MS, Karagas M, Andrew AS. Body mass and smoking are modifiable risk factors for recurrent bladder cancer. *Cancer*. 2014 Feb 1;120(3):408-14.

Celaya MO, Riddle BL, Cherala S, Armenti K, Rees JR. Reliability of rapid reporting of cancers in New Hampshire. *J Registry Manag*. 2010 Fall;37(3):107-111.

Armenti KR, Celaya MO, Cherala S, Riddle BL, Schumacher PK, Rees JR. Improving the quality of industry and occupation data at a central cancer registry. *Am J of Ind Med*. 2010 Oct;5(10):995-1001.

Celaya MO, Berke EM, Onega TL, Gui J, Riddle BL, Cherala SS, Rees JR. Breast cancer stage at diagnosis and geographic access to mammography screening (New Hampshire, 1998-2004). *Rural Remote Health*. 2010 Apr-Jun;10(2)1361. Epub 2010 Apr 23.

Johnson A, Rees JR, Schwenn M, Riddle B, Verrill C, Celaya MO, Nicolaidis DA, Cherala S, Feinberg M, Gray A, Rutstein L, Katz MS, Nunnink JC. Oncology care in rural northern New England. *J Oncol Pract*. 2010 Mar;6(2):81-89.

Celaya MO, Rees JR, Gibson JJ, Riddle BL, Greenberg ER. Travel distance and season of diagnosis affect treatment choices for women with early-stage breast cancer in a predominantly rural population. *Cancer Causes Control*. 2006 Aug; 17(6): 851-6.

PRESENTATIONS

Celaya MO. NHSCR Update. Cancer Registrars' Association of New England Annual Conference. Framingham, MA; Oct 2015.

Celaya MO. NHSCR Update. Cancer Registrars' Association of New England Annual Conference. Warwick, Rhode Island; Oct 2014.

Celaya MO. Enhancing cancer registry data for Comparative Effectiveness Research. Massachusetts Cancer Registry Annual Meeting. Boston, Massachusetts; December 2011.

Celaya Mo. NHSCR Update. Cancer Registrars' Association of New England Annual Conference. Springfield, Massachusetts; Oct 2011.

Celaya MO. Enhancing cancer registry data for Comparative Effectiveness Research. Cancer Registrars Association of New England 36th Annual Meeting. Springfield, Massachusetts; October 2011.

Rees JR (presenter), Syse A, Riddle BL, Celaya MO, Cherala SS. Cancer trends in the oldest old: a comparative study in New Hampshire and Norway. North American Association of Central Cancer Registries Annual Conference. Louisville, Kentucky; June 2011.

Celaya MO. NHSCR Update. Cancer Registrars' Association of New England Annual Conference. Nashua, New Hampshire; Oct 2010.

Celaya MO, Johnson A, Schwenn M, Rees JR (authors); and Riddle BL, Kachajian J, Schwenn M (presenters). Access to care in rural northern New England. North American Association of Central Cancer Registries Annual Conference. Quebec City, Quebec, Canada; June 2010

POSTERS

Ingimarsson JP, Laviolette M, Celaya MO, Rees JR, Hyams ES. Does distance from a radiation facility impact patient decision-making regarding treatment for prostate cancer? A study of the New Hampshire State Cancer Registry (NHSCR). North American Association of Central Cancer Registries Annual Conference. Charlotte, NC; June 2015.

Ayres CM, Celaya MO, Rees JR. Increasing Non-Hospital Cancer Reporting: The NH Experience. North American Association of Central Cancer Registries Annual Conference. Charlotte, NC; June 2015.

Ingimarsson JP, Laviolette M, Celaya MO, Rees JR, Hyams JR. Trends in initial management of prostate cancer in New Hampshire - Reasons for optimism? North American Association of Central Cancer Registries Annual Conference. Ottawa, Canada; June 2014.

Celaya MO, Gershman ST, Andrew AS, Riddle B, Cherala S, Davis CE, Rees JR. Expanding cancer registry data collection for Comparative Effectiveness Research: Logistical issues. North American Association of Central Cancer Registries Annual Conference. Portland, Oregon; June 2012.

Riddle BL, Celaya MO. Death certificates and estimates of cancer mortality. (1st Place Award) North American Association of Central Cancer Registries Annual Conference. Denver, Colorado; June 2008.

Celaya MO, Rees J, Riddle BL, Armenti K, Cherala S. Evaluation of occupation and industry in the NH State Cancer Registry. (2nd Place Award) North American Association of Central Cancer Registries. 2007 Annual Meeting. Detroit, Michigan; June 2007.

Celaya MO, Colby JP. Radon exposure potential and lung cancer in New Hampshire. North American Association of Central Cancer Registries 2006 Annual Meeting. Regina, Saskatchewan, Canada; June 2006.

Celaya MO, Rees J, Riddle BL. Assessing the reliability of rapid case reporting in a central cancer registry. North American Association of Central Cancer Registries Annual 2004 Meeting. Salt Lake City, Utah; June 2004.

CLAIRE E. DAVIS, BA, CTR
Curriculum Vitae

EDUCATION

<u>Date</u>	<u>Degree</u>	<u>Institution</u>	<u>Field of Study</u>
2001	AS	Northeastern University Boston, Massachusetts	Health Science
1977	BA	Keene State College Keene, NH	Textile Design

PROFESSIONAL COURSES

2001	Certificate	Northeastern University Boston, Massachusetts	Cancer Registry Management
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PROFESSIONAL EXPERIENCE

2006 – Present Senior Registrar
New Hampshire State Cancer Registry – Dartmouth Medical School,
Community & Family Medicine, (Biostatistics & Epidemiology)
Hanover, New Hampshire

Process electronic data transfers from multiple facilities; audit data for accuracy & completeness, merge & consolidate cases; develop & perform death clearance reports; identify & abstract cases from non-hospital sources (path labs, MD office, cancer treatment centers, nursing homes); perform extensive field work at hospital level to identify causes of deficiencies; prepare data for NAACCR call-for-data to ensure compliance with national standards; maintain manuals and forms used for reporting and training purposes; perform recoding audits to determine accuracy rate; review diagnostic indies, path reports, and death certificates to identify potentially missed cases; maintain a network of professional contacts and membership in professional organizations to facilitate and promote quality control activities; edit semi-annual Registry newsletter; provide administrative support.

2001 – 2006 Cancer Registry Coordinator
Cheshire Medical Center
Keene, New Hampshire

Responsible for identification, abstraction and follow-up of cancer cases at 169-bed acute care regional hospital and comprehensive oncology/radiation treatment center; oversight of 100% follow-up for all cancer cases; maintain quality assurance standards for all registry processes; preparation of annual report for medical center cancer program; coordinate and follow-up of institutional Cancer Committee Meetings;
2006 Attained the highest accreditation form the American College of Surgeons Cancer Program Standards survey.

1987-2001 **Correspondence and Billing Clerk**
Cheshire Medical Center
Keene, New Hampshire

Oversight of all external correspondence; submission and reconciliation of bills to all insurance companies; assist with risk management and other legal matters; assist with hospital and clinic audits.

CREDENTIALS

2001 Certified Tumor Registrar (CTR)
National Cancer Registrars Association

PROFESSIONAL AFFILIATIONS

Association of Community Cancer Centers (ACCC)
National Certified Cancer Registrars Association (NCRA)
Cancer Registrars Association of New England (CRANE)
North American Association of Central Cancer Registries (NAACCR)

Pauline M. McGinn

Experience

2014-present New Hampshire State Cancer Registry Dartmouth College, NH

Senior Cancer Registrar

- Abstracted cancer data for the Patient Centered Outcomes Project including outcomes data
- Central registry data processing, case finding

2007-2013 Exeter Hospital Exeter, NH

Cancer Registrar

- Abstracted, analyzed and interpreted cancer data in an ACoS approved cancer program
- Managed Cancer Committee operations: preparation of agenda, communications with committee members, recording and distribution of minutes
- Attended cancer conferences and recorded presentation and staging information according to ACoS standards
- Prepared cancer program annual report data for publication and physician presentation
- Prepared reports of cancer data as requested by other hospital departments.

2001-2007 Seacoast Mental Health Center Portsmouth, NH

Medical Record Coordinator

- Managed medical record departments in two facilities that provide outpatient community mental health services
- Supervised and trained staff members and clients who participate in facility's work adjustment program
- Oversaw daily operation of departments
- Performed release of information activities
- Served as center's Privacy Officer
- Participated in Quality Improvement and Compliance Committees

1988-2001 Hospital of St. Raphael New Haven, CT

Cancer Registrar

- Abstracted, analyzed and interpreted cancer data in an ACoS approved cancer program
- Participated in Cancer Committee and multi-specialty Tumor Board proceedings and prepared reports of same
- Coded data according to SEER and state reporting requirements
- Managed workflow for Registry
- Served on operations improvement team for streamlining medical record

1980-2000 Connecticut Long Term Care Facilities

Medical Record Consultant

- Reviewed medical records quarterly for compliance with state and federal regulations for medical record services
- Provided in-service sessions for long term care staff
- Served on subcommittee for revision of Medical Record Section of the Connecticut Public Health Code for Long Term Care

1978-1988 Hospital of St. Raphael New Haven, CT

Medical Transcriptionist

- Performed part-time and home transcription of dictated hospital reports

1975-1978 Hospital of St. Raphael New Haven, CT

Transcription Supervisor

- Supervised 12 employees, overseeing transcription and distribution of dictated reports
- Increased staff production, eliminating need for outsourcing
- Prepared section production reports and budgetary recommendations
- Designed medical record forms and maintained forms control inventory

Education

Southern CT State University New Haven, CT

- B.A., Liberal Arts
- AHIMA Independent Study program

Accreditations

1978 – Accredited Record Technician ; 1998 - Certified Tumor Registrar

Professional memberships

American Health Information Management Association, 1976-present.

New Hampshire Health Information Management Association, 2001-present; Secretary 2004-2006.

National Cancer Registrars Association, 1998-present.

Cancer Registrars Association of New England, 2002-present.

Connecticut Health Information Management Association, 1976-2000; Past Chairperson, Bylaw Committee and Long Term Care Committee

Connecticut Tumor Registrars Association, 1988-2000; Secretary 1997-1999; Chairperson, Bylaws Committee, 1994-2000.

Valeria Celaya, BA

EDUCATION

<u>Date</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
May 2015	University of New Hampshire Durham, NH	BA Dual Minor	Anthropology Women's Studies; Race and Ethnic Studies

ADDITIONAL COURSEWORK

Aug 2015-	NCRA-AHIMA Cancer	Certificate	Anatomy, Physiology and
Oct 2015	Registry Management Program		Human Disease
Nov 2015-	NCRA-AHIMA Cancer	Certificate	Pathophysiology and
Feb 2016	Registry Management Program		Pharmacology

PROFESSIONAL EXPERIENCE

Sept 2015 – Present

Cancer Registrar

New Hampshire State Cancer Registry

Geisel School of Medicine at Dartmouth, Hanover, NH

Review New Hampshire cancer reports to determine their completeness and accuracy in accordance with national and state reporting standards via RMCDS software. Carry out established central registry policies, procedures and quality assurance efforts. Perform extensive field work at local facilities to identify and address causes of deficiencies. Visit New Hampshire hospitals to check reliability of information abstracted from charts; review pathology and patient charts for accuracy and completeness of case finding. Visit pathology laboratories and free-standing radiotherapy and medical oncology centers to review reports in order to monitor case-finding. Collaborate with local hospitals to ensure that patterns of accurate and complete reporting are maintained; address problems of non-reporting and/or untimely reporting of data and poor quality data submission. Assist registrars, manager, director and other researchers in cancer related studies and research projects. Identify, register, and maintain records of all New Hampshire cancer patients through the central tumor registry data system. Participates in local, regional, or national cancer organizations and meetings.

March 2015 – Sept 2015

Project Assistant

New Hampshire State Cancer Registry

Geisel School of Medicine at Dartmouth, Hanover, NH

Abstract cancer cases received from physicians reporting, including cancer diagnosis, staging, and treatment, utilizing RMCDS software. Verify accuracy of data entered and correct errors. Perform casefinding audits by reviewing pathology reports and medical record disease indices. Identify reportable cancers in eMaRC Plus. Review cancer cases to ensure complete and accurate reporting from hospital and non-hospital sources. Assist the staff of NHSCR with projects related to central cancer registry operations, including Death Clearance, physician follow-ups, hospital follow-back efforts, and monthly case processing. Assist in the editing and design of cancer registry related poster and oral presentations. Continue training to further my experience in cancer registry data collection, processing, and editing, and increase my knowledge of national standards and registry operations through NCRA coursework and SEER*Educate and Training Modules.

Sept 2014 – Dec 2014

New Hampshire Program Associate

Let's Get Ready, Boston, MA

Ensure high quality of LGR programs, including managing relationships with senior administrators at high school, college, and community partners. Train and supervise college student staff (Coaches). Perform administrative and logistical support functions and oversee collection of evaluation data for programs. Play an active role as part of LGR's overall program team in developing best practices, new curriculum, etc.

Sept 2011 – Dec 2014

**Program Coordinator
Office of Multicultural Student Affairs
University of New Hampshire, Durham, NH**

Greet and welcome visitors and perform clerical duties as well as specific tasks. Collaborate with University staff, departments, and organizations to plan and promote events. Contact sponsors, vendors, student organizations, and university departments that are involved with specific events: organize a volunteer schedule and recruit students for volunteering; oversee event planning and technicalities; help with on-site set-up and break-down; provide on-site assistance to volunteers and visiting performers and speakers; distribute and collect evaluations; conduct post-event follow up with vendors and sponsors.

Nov 2012 – May 2014

**Diversity Ambassador
Admissions Office
University of New Hampshire, Durham, NH**

Assist Admissions' staff with the fulfillment of admissions programming, including both on and off-campus programs. Represent the university to prospective student populations, teachers, guidance counselors, and parents and contact prospective students of Color in person, and over the phone, email, or letter. Coordinate the involvement of UNH student volunteers in the admissions process to communicate with prospective students of Color. Represent the University at college fairs and events. Devise an outreach plan for the 2014-15 academic year, to be executed by future Diversity Ambassadors.

May 2012 – Aug 2014

**Administrative Assistant
Office for Diversity and Inclusion
Geisel School of Medicine at Dartmouth, Hanover, NH**

Help organize major recurring department activities including those with related departments, external participants, etc. Coordinate department publicity activity including work in multiple media, such as website content and drafting brochures and newsletters. Administer and track expenditures to ensure accurate records of approved department budgets. Establish and maintain department files and databases to ensure accuracy and accessibility of information.

OTHER EXPERIENCE

Sept 2014

**UNH Safe Zones
University of New Hampshire, Durham, NH**

Engaged in an educational program that enlightens its members about Lesbian, Gay, Bisexual, Transgender, Queer, Ally (LGBTQA) issues within and beyond the UNH community. This program also prepares members on how to be an active Ally and how to approach different issues, aiming to reduce and prevent harassment and discrimination that targets individuals based on sexual orientation, gender identity, and gender expression.

Feb 2011

**Martin Luther King Jr. Leadership Summit
University of New Hampshire, Durham, NH**

Participated in a 3-day intensive retreat in which participants explored different aspects of diversity – including issues related to social inequality – and expanded on multicultural competency needed for exemplary leadership

ADDITIONAL SKILLS

Proficient with Rocky Mountain Cancer Data System
Proficient in Spanish, written and oral
Familiar with Microsoft Office Suite
Proficient in Photoshop

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Trustees of Dartmouth College

Name of Program: NH State Cancer Registry Operations

BUDGET PERIOD:		7/1/16 - 10/31/16		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Rees, Judith	Director	129,014	45.00%	\$19,352.00
Riddle, Bruce	Registry Manager	88,006	100.00%	\$29,335.00
Celaya, Maria	Assistant Director	78,519	100.00%	\$26,176.00
Davis, Claire	Senior Registrar	60,235	100.00%	\$20,078.00
McGinn, Pauline	Senior Registrar	58,956	100.00%	\$19,652.00
Valeria Celaya	Registrar	36,067	100.00%	\$12,022.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$126,612.00



Nicholas A. Toumpas
Commissioner

Marcella J. Bobinsky
Acting Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-9563 I-800-852-3345 Ext. 9563
Fax: 603-271-8431 TDD Access: 1-800-735-2964



G&C APPROVED
Date: 1/13/16
Item # 16

November 24, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise an amendment to an agreement with Trustees of Dartmouth College, Purchase Order #1024261 (Vendor # 177157-B013), 11 Rope Ferry Road 6210, Box 186, Hanover, NH 03755, by increasing the Price Limitation by \$93,026 from \$2,464,546 to \$2,557,572 to enhance the operation of the state cancer registry system, effective the date of Governor and Council approval through June 30, 2016. This agreement was originally approved by Governor and Council on June 6, 2012, Item #72, amended on April 17, 2013, Item #45, and amended again on March 12, 2014, Item 26D. 100% Federal Funds.

Funds are available in the following account for SFY 2016, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-900510-8666 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, CANCER REGISTRY

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Services	90080080	468,977	0	468,977
	601-500931	State Fund Match	90056005	147,450	0	147,450
			Sub Total	616,427	0	616,427
SFY 2014	102/500731	Contracts for Program Services	90080080	486,103	0	486,103
	601-500931	State Fund Match	90056005	147,450	0	147,450
			Sub Total	633,553	0	633,553
SFY 2015	102/500731	Contracts for Program Services	90080080	457,283	0	457,283
	601-500931	State Fund Match	90056005	150,000	0	150,000
			Sub Total	607,283	0	607,283
SFY 2016	102/500731	Contracts for Program Services	90080080	457,283	93,026	550,309
	601-500931	State Fund Match	90056005	150,000	0	150,000
			Sub Total	607,283	93,026	700,309
			Total	\$2,464,546	\$93,026	\$2,557,572

EXPLANATION

Funds in this amendment will be used to implement a special project for the collection of enhanced cancer data as part of the National Patient Centered Outcomes Project. One of the goals of the Patient Centered Outcomes Project is to determine which of the many healthcare options available to patients (and those who care for them) work best in particular circumstances. In the specific area of cancer treatment, the Agency for Healthcare Research and Quality and CDC's National Program of Cancer Registries developed a joint special data collection enhancement project to help answer specific cancer research-related questions based upon better data. The cancer specific dataset includes detailed treatment and biomarker data for 2011 breast, colon, and rectal cancers as well as chronic myeloid leukemia cases collected from ten geographically diverse registries. New Hampshire is one of the participating registries.

Should Governor and Executive Council not authorize this Request, the overall Cancer Registry dataset will be less complete and therefore less able to meet its intended uses of guiding healthcare policy and supporting cancer treatment research both nationally and at the state level.

The Trustees of Dartmouth College was selected for this project through a competitive bid process.

To date, the contractor has successfully met their performance measures and will continue tracking these same measures over the remaining life of the contract. Three highlights of successful performance outcomes are presented below:

1. On a national scale, de-identified Cancer Registry data were used in a comprehensive study on bladder cancer. A recent publication based on this study indicates that individuals with bladder cancer are at greater risk of recurrence if they are overweight or smoke – both are risk factors that could be modified by individual patients and potentially improve their odds of survival.
2. Data collected by the Cancer Registry also directly benefit New Hampshire residents, For example, registry data demonstrated that women living in New Hampshire with early stage breast cancer are less likely to receive radiotherapy after lumpectomy if they live further from a radiation facility, and particularly if diagnosed during winter months. This kind of local information is useful to highlight geographic areas of concern and can be used by local agencies to arrange transportation to those in need.
3. The Cancer Registry fully complies with all required elements of National Program Cancer Registries and ensures that all of the data passes 100% of required data edits. The Cancer Registry received recognition from the National Program of Cancer Registries for meeting the standards of the National Data Quality and Completeness Program in April 2013.

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

- Number of patients in the 2011 breast & cervical cancer registry cohort for whom data have been collected at 48 months after diagnosis.
- Number of patients lost to follow-up (i.e. data could not be obtained).

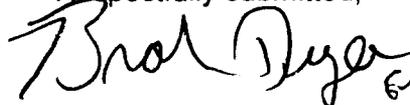
- Proportion of submitted data that passed National Program for Cancer Registries Patient Centered Outcomes edit checks.

Area served: Statewide.

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

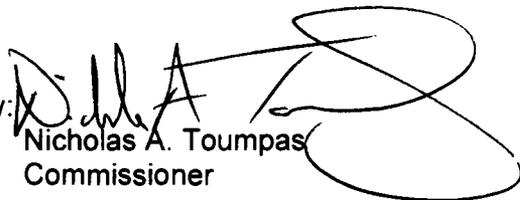
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Marcella J. Bobinsky, MPH
Acting Director

Approved by:



Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the
New Hampshire State Cancer Registry Operations**

This 3rd Amendment to the New Hampshire State Cancer Registry Operations contract (hereinafter referred to as "Amendment Three") dated this 22nd day of October, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Trustees of Dartmouth College, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 11 Rope Ferry Road, #6210, Hanover, NH 03755-1404.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012, Item #72, amended on April 17, 2013, Item #45, and amended again on March 12, 2014, Item #26D, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to increase the price limitation, and modify the scope of services to support continued delivery of these services, and

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

1. Amend Form P-37, Block 1.8, to read \$2,557,572.
2. Amend Form P-37, Block 1.9, to read Eric Borrin, Director of Contracts and Procurement.
3. Amend Form P-37, Block 1.10 to read 603-271-9558.
4. Add Exhibit A-2 Additional Scope of Services.
5. Amend Exhibit B to add:

Paragraph 1.2 to Paragraph 1:

The contract price shall increase by \$93,026 for SFY 2016, and total \$2,557,572 for the contract term. This contract is funded with 100% federal funds from the Center for Disease Control & Prevention, CFDA #93,283, Federal Award Identification Number (FAIN) U58DP003930.

6. Delete Exhibit C in its entirety and replace with Exhibit C Amendment #1.
7. Add Exhibit C-1 Revisions to General Provisions.
8. Delete Exhibit G in its entirety and replace with Exhibit G Amendment #1.
9. Amend Budget to add:
 - Exhibit B-1 Amendment #3 Budget SFY 2016



This amendment shall be effective upon the date of Governor and Executive Council approval.

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

State of New Hampshire
Department of Health and Human Services

11/23/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

Trustees of Dartmouth College

11/2/15
Date

Christine Bothe
Name:
Title:

Acknowledgement:

State of New Hampshire County of Grafton on 11/2/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Heather A. Arnold
Signature of Notary Public or Justice of the Peace
Notary Public - New Hampshire
My Commission Expires

Name and Title of Notary or Justice of the Peace

My Commission Expires: August 10, 2016



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

OFFICE OF THE ATTORNEY GENERAL

Date 12/7/15

Name: Megan A. Fagan
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____



Additional Scope of Services

Contract Period: Date of Governor and Council Approval through 6-30-2016

1. Provisions Applicable to All Services

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

2. Scope of Services

- 2.1. Conduct enhanced cancer data collection for the "Patient Centered Outcomes" (PCO) project according to instructions received from the National Program of Cancer Registries PCO team. The cancer specific dataset collection includes detailed treatment and biomarker data for 2011 breast, colon, and rectal cancers as well as chronic myeloid leukemia cases.
 - 2.1.1. Collect enhanced detailed cancer data as specified by the federal National Program for Cancer Registries (NPCR), on the outcomes of patients with breast and colorectal cancers diagnosed in 2011.
 - 2.1.2. Obtain follow-up data on those patients at least 48 months after diagnosis.
 - 2.1.3. Transmit de-identified PCO data to the US Centers for Disease Control and Prevention (CDC) annually along with the Registry's usual required annual data submissions.

3. Staffing

- 3.1. Ensure cancer registry staff are trained and qualified to conduct activities described and participate in conference calls with the CDC as needed.

4. Reporting

- 4.1. Send quarterly reports to the CDC and NH Department of Health and Human Services (DHHS), describing the fulfillment of activities conducted for PCO, including information on completeness and data quality specified by NPCR.

5. Workplan

Data collection activities will be conducted according to the same protocol as routine registry activities, including site visits to abstract data, data review and cleaning, and transmission to NPCR annually.



6. Performance Measures

- 6.1. The Contractor shall ensure that following performance indicators are achieved and monitored quarterly to measure the effectiveness of the agreement:
- 6.1.1. Number of patients in the 2011 breast & cervical cancer registry cohort for whom data have been collected at 48 months after diagnosis.
 - 6.1.2. Number of patients lost to follow-up (i.e. data could not be obtained).
 - 6.1.3. Proportion of submitted data that passed National Program for Cancer Registries Patient Centered Outcomes edit checks.
- 6.2. Annually, the Contractor shall develop and submit to the Department, a corrective action plan for any performance measure that was not achieved.

**Exhibit B-1 (SFY 2016)
Amendment #3 Budget Form**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Trustees of Dartmouth College

Budget Request for: New Hampshire State Cancer Registry Operations
(Name of RFP)

Budget Period: 12-16-15 or Date of G&C Approval, whichever is later, through 6-30-16

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 65,053.14	\$ 6,505.31	\$ 71,558.45	
2. Employee Benefits	\$ 19,515.95	\$ 1,951.60	\$ 21,467.55	
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 (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 84,569.09	\$ 8,456.91	\$ 93,026.00	

Indirect As A Percent of Direct

10.0%

Exhibit B-1 - Budget

Contractor Initials: cb

Date: 11/2/15



SPECIAL PROVISIONS

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

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



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

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

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



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

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

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

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

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

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

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



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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

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

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

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

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.
When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
 - 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
 - 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
 - 19.3. Monitor the subcontractor's performance on an ongoing basis



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

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

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Renewal:

As referenced in the Request for Proposals, Renewal Section, this competitively procured Agreement has the option to renew for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.



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

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

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

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

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

Exhibit G- Amendment #1

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

Contractor Initials

cb

11/2/15

New Hampshire Department of Health and Human Services
Exhibit G – Amendment #1



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

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

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

Contractor Name: **Trustees of Dartmouth College**

11/2/15
Date

Christine Bothe
Name:
Title: **Christine Bothe
Associate Director
Office of Sponsored Projects**

Exhibit G- Amendment #1

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

Contractor Initials cb

BM



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-9563 1-800-852-3345 Ext. 9563
Fax: 603-271-8431 TDD Access: 1-800-735-2964



*MJT
26D*

G&C APPROVED
Date: 3/12/14
Item # 26D

February 20, 2014

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

*76% Federal funds
24% General funds*

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise a renewal option to an agreement with Trustees of Dartmouth College, Purchase Order #1024261 (Vendor # 177157-B013), 11 Rope Ferry Road 6210, Box 186, Hanover, NH 03755, by increasing the Price Limitation by \$1,267,586 from \$1,196,960 to \$2,464,546 to continue the operation of the state cancer registry system, effective the date of Governor and Council approval through June 30, 2016. This agreement was originally approved by Governor and Council on June 6, 2012, Item #72, and amended on April 17, 2013, Item #45.

Funds are available in the following accounts for SFY 2014 and SFY 2015, and are anticipated to be available in SFY 2016 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-900510-8666 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, CANCER REGISTRY

Fiscal Year	Class/ Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90080080	468,977	0	468,977
SFY 2014	102-500731	Contracts for Prog Svc	90080080	433,083	53,020	486,103
SFY 2015	102-500731	Contracts for Prog Svc	90080080	0	457,283	457,283
SFY 2016	102-500731	Contracts for Prog Svc	90080080	0	457,283	457,283
			Sub Total	\$902,060	\$967,586	\$1,869,646

05-95-90-900510-8666 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, CANCER REGISTRY

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	601-500931	State Fund Match	90056005	147,450	0	147,450
SFY 2014	601-500931	State Fund Match	90056005	147,450	0	147,450
SFY 2015	601-500931	State Fund Match	90056005	0	150,000	150,000
SFY 2016	601-500931	State Fund Match	90056005	0	150,000	150,000
			Sub Total	\$294,900	\$300,000	\$594,900
			Total	\$1,196,960	\$1,267,586	\$2,464,546

EXPLANATION

Funds in this requested amendment to, and renewal of, the existing contract will be used to implement a special project for improving cancer case reporting and to continue the operation of the state cancer registry respectively. The special project will include continued contact with nursing homes, hospice agencies, dermatologists, urologists, gastroenterologists, and hematologists. For both the special project and the renewal of the agreement, the Contractor will be responsible for: 1) data abstraction for all cancer cases reportable under RSA 141-B and Administrative Rule He-P 304, 2) adding these abstractions to the cancer registry database, 3) preparing statistical reports for use by cancer researchers, 4) maintaining documentation as required by federal grant requirements, and 5) assisting the Department of Health and Human Services cancer epidemiologist and evaluating potential cancer clusters in New Hampshire communities.

Should Governor and Executive Council not authorize this Request, cancer cases diagnosed and treated in other than hospital settings will likely be underreported to the Cancer Registry, thus making the overall Cancer Registry data set less accurate for its intended purposes of guiding healthcare policy and supporting cancer cure research.

The Request for Proposals was posted on the Department of Health and Human Services website from December 8, 2011 to January 20, 2012. In addition, 13 additional mailings were sent out, and on December 16, 2011, a bidders' conference was held to alert agencies to this bid. The Trustees of Dartmouth College was selected for this project through a competitive bid process.

There were two respondents to the Request for Proposals. The proposals were reviewed by a team of three reviewers, two internal and one external to the Department. All reviewers had between five and 30 years of experience directing health programs and conducting research and data analysis on health-related data from various public health programs. Areas of specific expertise include cancer registry activities, chronic and communicable diseases, public health infrastructure, research in occupational health and safety, and management of public health programs.

The proposals were scored on the following criteria: bidder's experience with a cancer registry; capacity to perform the cancer registry operations; how closely the bidder's proposed plan of operation and work plan matched the criteria specified in Request for Proposals, and the budget.

The Trustees of Dartmouth College was selected as it received the highest score. Reviewers noted that Trustees of Dartmouth College had extensive past experience with cancer registry work in New Hampshire, is recognized nationally, and possesses the qualifications and capacity to manage the Cancer Registry, as well as to conduct special studies. Given Trustees of Dartmouth College's experience, high score and feasible budget, they were selected as the successful bidder. The Request for Proposals scoring summary is attached.

As referenced in the original letter approved by Governor and Council on June 6, 2013, Item #72, and in the Request for Proposal, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department of Health and Human Services is exercising this renewal option.

As a result of the previous agreement, the contractor has successfully met their performance measures and will continue tracking these same measures over the remaining life of the contract. Three highlights of successful performance outcomes are presented below:

1. On a national scale, de-identified Cancer Registry data were used in a comprehensive study on bladder cancer. A recent publication based on this study indicates that individuals with bladder cancer are at greater risk of recurrence if they are overweight or smoke – both are risk factors that could be modified by individual patients and potentially improve their odds of survival.
2. Data collected by the Cancer Registry also directly benefit New Hampshire residents. For example, registry data demonstrated that women living in New Hampshire with early stage breast cancer are less likely to receive radiotherapy after lumpectomy if they live further from a radiation facility, and particularly if diagnosed during winter months. This kind of local information is useful to highlight geographic areas of concern and can be used by local agencies to arrange transportation to those in need.
3. The Cancer Registry fully complies with all required elements of National Program Cancer Registries and ensures that all of the data passes 100% of required data edits. The Cancer Registry received recognition from the National Program of Cancer Registries for meeting the standards of the National Data Quality and Completeness Program in April 2013.

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

1. For each incident cancer case defined in Exhibit A, item number 7, collect all the data variables listed in New Hampshire Administrative Rule He-P 304.2.
2. The database shall be, at a minimum, in accordance with accepted Centers for Disease Control's National Program of Cancer Registries and North American Association of Cancer Registry standards.
3. The data collected is 95% complete within 12 months of date of diagnosis for cases seen in any New Hampshire hospital.
4. The data collected is 90% complete within 15 months of date of diagnosis for all cases among New Hampshire residents, regardless of where they received the cancer care.

5. The data collected is 95% complete within 24 months of date of diagnosis for all cases among New Hampshire residents, with cases identified from death certificate review and follow-up, from physician practices, from non-hospital facilities, and from out-of-state sources.

Area served: Statewide.

Source of Funds: Source of Funds is 76.33% Federal Funds from the US Centers for Disease Control and Prevention, and 23.67% General Funds.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:



 Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
Trustees of Dartmouth College**

This 2nd Amendment to the Trustees of Dartmouth College contract (hereinafter referred to as "Amendment Two") dated this 10 day of February, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Trustees of Dartmouth College (hereinafter referred to as "the Contractor"), a corporation with a place of business at 11 Rope Ferry Road 6210, Box 186, Hanover, New Hampshire 03755.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012, and amended on April 17, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to continue the relationship with the Trustees of Dartmouth College for the purposes of maintaining a cancer incidence registry, including 1), data abstraction for all cancer cases reportable under RSA 141-B, 2) adding these abstractions to the cancer registry database, 3) preparing statistical reports for use by cancer researchers, 4) maintaining documentation as required by federal grant requirements, and 5) assisting the DHHS cancer epidemiologist and evaluating potential cancer clusters in New Hampshire communities.

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

To amend as follows:

- Form P-37, to change:
Block 1.7 to read: June 30, 2016
Block 1.8 to read: \$2,464,546
- Exhibit A, Scope of Services to add:
Exhibit A – Amendment 2
- Exhibit B, Purchase of Services, Contract Price, to add:

Paragraph 1.1 to Paragraph 1.

The contract price shall increase by \$53,020 for SFY 2014, \$607,283 for SFY 2015, and \$607,283 for SFY 2016. The contract shall total \$2,464,546 for the contract term.



New Hampshire Department of Health and Human Services

Paragraph 1.2 to Paragraph 1:
Funding in the amount of \$967,586 is available from 05-95-90-900510-8666-102-500731, 100% Federal Funds from the Centers for Disease Control and Prevention, CFDA #93.283, and \$300,000 is available from 05-95-90-900510-8666-601-500931, 100% General Funds.

Handwritten initials: BJD, CB

Add Paragraph 8
8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to ~~the terms of the General Provisions~~, adjustments to amounts within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of Governor and Council.

- Budget, to add:
Exhibit B-1 (2014) – Amendment 2
Exhibit B-1 (2015) – Amendment 2
Exhibit B-1 (2016) – Amendment 2

This amendment shall be effective upon the date of Governor and Executive Council approval.

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

State of New Hampshire
Department of Health and Human Services

2/2/14
Date

Brook Dupee
Brook Dupee
Bureau Chief

Trustees of Dartmouth College

2/10/14
Date

Christine Boller
Name:
Title:

Acknowledgement:

State of New Hampshire County of Shafter on 2/10/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Heather A. Arnold
Signature of Notary Public or Justice of the Peace

HEATHER A. ARNOLD
Notary Public - New Hampshire
My Commission Expires August 10, 2016

Name and Title of Notary or Justice of the Peace

Contractor Initials: Jb
Date: 2/10/14



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

OFFICE OF THE ATTORNEY GENERAL

2-28-14
Date

Rosemary Whant
Name: Rosemary Whant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: cb
Date: 2/10/14



Exhibit A-Amendment 2

SCOPE OF SERVICES

The Department desires to continue the relationship with the Trustees of Dartmouth College for the purposes of maintaining a cancer incidence registry, including 1), data abstraction for all cancer cases reportable under RSA 141-B, 2) adding these abstractions to the cancer registry database, 3) preparing statistical reports for use by cancer researchers, 4) maintaining documentation as required by federal grant requirements, and 5) assisting the DHHS cancer epidemiologist and evaluating potential cancer clusters in New Hampshire communities.

1. Minimum Required Services

- The Contractor shall implement a special project for improving cancer case ascertainment at nursing homes, hospices, dermatologists, gastroenterologists and hematologists as set forth in the following subparagraphs.
- The contractor shall identify the largest health care facilities whose cancer reporting is not provided by hospital cancer registries.
- The contractor shall write to these facilities, explain cancer case reporting as required under RSA 141-B:7, and promote the state's strategy for improving non-hospital health facility reporting.
- Contractor staff shall visit those facilities identified in 1.1 above in person to identify the best strategy to improve facility-specific cancer case reporting.
- Contractor staff shall set up a timetable for follow-up telephone calls or visits to each facility for audit purposes to ensure that cancer reporting is taking place in compliance with RSA 141-B:7 and He-P 304.
- The contractor shall retain Certified Tumor Registrars to perform routine case abstraction tasks during such times when the Contractor's permanent staffs are assigned to the non-hospital cancer reporting improvement special project.
- The Contractor's staff will attend two professional meetings. Attendances to these meetings are required by the Center for Disease Control-funded Cancer Registry grant as set forth in the following subgroups.
- Two staffs will attend the North American Association of Central Cancer Registries (NAACCR) meeting at Ottawa, Canada in June 2014 that will be held in conjunction with the International Association of Cancer Registries (IACR) meeting.
- One staff will attend the National Cancer Registrars Association of (NCRA) at Nashville, TN in May 2014.

45

BM



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-4988 1-800-852-3345 Ext. 4988
Fax: 603-271-7623 TDD Access: 1-800-735-2964



G&C APPROVED
Date: 4/17/13
Item #45

March 15, 2013

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics and Informatics to amend an agreement with the Trustees of Dartmouth College, Purchase Order #1024261 (Vendor #177157-B013), 11 Rope Ferry Road 6210, Box 186, Hanover, NH 03755, by increasing the Price Limitation by \$35,894.00 from \$1,161,066.00 to \$1,196,960.00 to provide technical assistance to health care providers who need to comply with cancer reporting requirements, effective May 1, 2013, or the date of Governor and Council approval, whichever is later. This agreement was originally approved by Governor and Council on June 6th, 2012 Item #72. Funds are available in the following account for SFY 13, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

100% FED

05-95-90-900510-8666 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, CANCER REGISTRY.

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 13	102-500731	Contracts for Prog Svc	90080080	\$433,083.00	\$35,894.00	\$468,977.00
SFY 14	102-500731	Contracts for Prog Svc	90080080	\$433,083.00	\$0	\$433,083.00
			Total	\$866,166.00	\$35,894.00	\$902,060.00

05-95-90-900510-8666 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, CANCER REGISTRY.

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 13	601-500931	State Fund Match	90056005	\$147,450.00	\$0	\$147,450.00
SFY 14	601-500931	State Fund Match	90056005	\$147,450.00	\$0	\$147,450.00
			Sub-Total	\$294,900.00	\$0	\$294,900.00
			Total	\$1,161,066.00	\$35,894.00	\$1,196,960.00

EXPLANATION

Funds in this amendment will be used to implement a special project for improving cancer case reporting by nursing homes, hospice agencies, dermatologists, urologists, gastroenterologists, and hematologists. The Contractor will be responsible for: 1) notifying the largest healthcare facilities whose cancer reporting is not provided by a hospital cancer registry, 2) contacting those facilities and explaining cancer case reporting as required by RSA 141-B, 3) visiting the staff of those facilities in person to identify the best strategy for improving cancer case reporting, and 4) establishing a timetable for follow-up phone calls to the facility for audit purposes and to make sure the cancer reporting is taking place in compliance with RSA 141-B:7 and Administrative Rule He-P 304. The Contractor shall also retain the temporary services of a cancer epidemiologist, which will allow the recently hired State Cancer Epidemiologist to eliminate a backlog of cancer data requests that resulted because of the time needed to recruit a qualified candidate.

A recent trend in health care is that more cancer cases are being diagnosed in non-hospital settings. For example, an increasing percentage of melanomas are being diagnosed in physician's offices. Oftentimes, non-hospital based practices are unaware of their duty to report cancer cases, and this project will provide support for those practices in meeting their reporting obligations under the law.

Should Governor and Executive Council not authorize this Request, cancer cases diagnosed and treated in other than hospital settings will likely be underreported to the Cancer Registry, thus making the overall Cancer Registry data set less accurate for its intended purposes of guiding healthcare policy and supporting cancer cure research.

The Request for Proposals was posted on the Department of Health and Human Services website on December 8, 2011 to January 20, 2012. In addition, 13 additional mailings were sent out, and on December 16, 2011, a bidders' conference was held to alert agencies to this bid. The Trustees of Dartmouth College were selected for this project through a competitive bid process.

There were two respondents to the request for proposals. The proposals were reviewed by a team of three reviewers, two internal and one external. All reviewers had between five and 30 years of experience directing health programs and conducting research and data analysis on health-related data from various public health programs. Areas of specific expertise include cancer registry activities, chronic and communicable diseases, public health infrastructure, research in occupational health and safety, and management of public health programs.

The proposals were scored on the following criteria: bidder's experience with a cancer registry; capacity to perform the cancer registry operations; how closely the bidder's proposed plan of operation and work plan matched the criteria specified in Request for Proposals, and the budget.

The Trustees of Dartmouth College were selected as it received the highest score. Reviewers noted that Trustees of Dartmouth College had extensive past experience with cancer registry work in New Hampshire, is recognized nationally, and possesses the qualifications and capacity to conduct the Cancer Registry, as well as special studies, including several data collection support services that are available to the Cancer Registry. Given Trustees of Dartmouth College's experience, high score and feasible budget, they were selected as the successful bidder. The Request for Proposals scoring summary is attached.

These services were contracted previously with this agency in SFY 13 for \$580,533. This is an increase of \$35,894, which is due to increasing the scope of services to include outreach and technical assistance to health care providers to report cancer cases under the authority of RSA 141-B.

The contractor has been successful in meeting the performance measures established in Governor and Council letter approved June 6, 2012, Item 72. The following performance measures will be used to measure the effectiveness of this amendment:

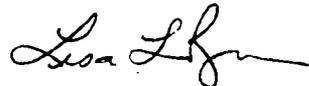
1. Create a list of practices identified in need of outreach and education on cancer reporting;
2. Contact practices on the list and offer services to better understand and meet requirements for reporting cancer cases;
3. Create a list of practices visited to improve reporting of cancer cases;
4. Create a list of practices for which there was follow-up on quality of cancer case reporting;
5. Number of cancer data sets reviewed by cancer epidemiologist; and
6. Number of trainings in use of cancer data reporting systems provided by cancer epidemiologist.

Area served: Statewide

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

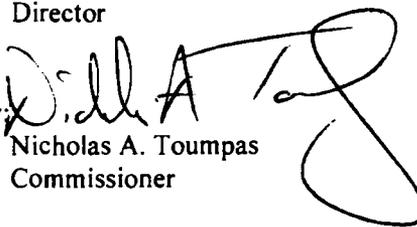
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/bsd

AMENDMENT ONE

This Agreement (hereinafter called "Amendment One") dated this 8th day of March, 2013, is by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Trustees of Dartmouth College, Purchase Order Number 1024261, a corporation organized under the laws of the State of New Hampshire, with a place of business at 11 Rope Ferry Road 6210, Box 186, Hanover, NH 03755 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") approved June 6th, 2012, Item #72, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Executive Council;

WHEREAS, the Contractor and the Division have agreed to amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. Amendment and Modification of Agreement:

The Agreement is hereby amended as follows:

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$35,894 from \$1,161,066 to \$1,196,960.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A remains in effect, and Exhibit A-1 is in addition to the original Exhibit A and both remain in effect. The Scope of Services identified in Exhibit A of the Agreement is hereby amended to add the services identified in Exhibit A-1 attached hereto.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$35,894 for SFY 2013. The contract shall total \$1,196,960 for the contract term.

Funding in the amount of \$35,894 is available from 010-090-8666-102-0731, 100% Federal Funds from the US Department of Health and Human Services, CFDA # 93.283.

2. Effective Date of Amendment:

This Amendment shall take effect on May 1st, 2013, or the date of Governor and Council approval, whichever is later.

3. Continuance of Agreement:

Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

The remainder of this page is intentionally left blank.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

**STATE OF NEW HAMPSHIRE
Division of Public Health Services**

By:  3/19/13
Lisa L. Bujno, APRN Date
Bureau Chief

By: Heather A. Arnold, Assistant Director 3/8/13
Name and Title of Contractor Signator Date
Trustees of Dartmouth College
Legal Name of Agency

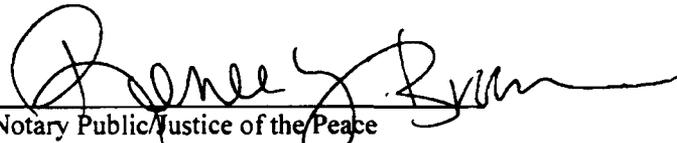
STATE OF NEW HAMPSHIRE

COUNTY OF Grafton

On this the 08 day of March 2013, before me, Renee Brown,
(name of notary)
 the undersigned officer, Heather Arnold personally appeared who acknowledged him/herself
(contract signatory)
 to be the Assistant Director of the Trustees of Dartmouth College
(signatory's title) (legal name of agency)
 a corporation, and that he/she, as such Assistant Director, being authorized so to do,
(signatory's title)
 executed the foregoing instrument for the purposes therein contained, by signing the name of the
 corporation by him/herself as Assistant Director of the Trustees of Dartmouth College
(signatory's title) (legal name of agency)

In witness whereof I hereunto set my hand and official seal.

RENEE Y. BROWN, Commissioner of State
 My Commission Expires May 21, 2015


 Notary Public/Justice of the Peace

My Commission expires:

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Jeanne P. Herrick
 Assistant Attorney General
 Jeanne P. Herrick
 Date: 25 Mar. 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____
 Title: _____

NH Department of Health and Human Services

**Exhibit A-1
Scope of Services**

New Hampshire State Cancer Registry Operations

CONTRACT PERIOD: 7/1/2012 through 6/30/2014

CONTRACTOR NAME: Trustees of Dartmouth College

ADDRESS: PO Box 186, Hanover, NH 03755

Assistant Professor: Judith Rees MD

TELEPHONE: 603 653 6620

The prior Scope of Services identified in Exhibit A remains in effect. This Exhibit A-1 is in addition to the original Exhibit A and both remain in effect. The Scope of Services identified in Exhibit A of the Agreement is hereby amended to add the following services.

The Contractor shall:

1.0 The Contractor shall implement a special project for improving cancer case ascertainment at nursing homes, hospices, dermatologists, urologists, gastroenterologists, and hematologists as set forth in the following subparagraphs.

- 1.1 The Contractor shall identify the largest health care facilities whose cancer reporting is not provided by hospital cancer registries.
- 1.2 The Contractor shall write to these facilities, explain cancer case reporting as required under RSA 141-B:7, and promote the state's strategy for improving non-hospital health facility reporting.
- 1.3 Contractor staff shall visit those facilities identified in 1.1 above in person to identify the best strategy to improve facility-specific cancer case reporting.
- 1.4 Contractor staff shall set up a timetable for follow-up telephone calls or visits to each facility for audit purposes to ensure that cancer reporting is taking place in compliance with RSA 141-B:7 and He-P 304.
- 1.5 The Contractor shall retain Certified Tumor Registrars to perform routine case abstraction tasks during such times when the Contractor's permanent staff are assigned to the non-hospital cancer reporting improvement special project.

2.0 The Contractor shall retain the services of a Cancer Epidemiologist to work under the direction of State Cancer Epidemiologist Dr. Hosain to enhance the use of cancer registry data. The person proposed by the Contractor to fill the part-time Cancer Epidemiologist shall require prior approval by the Division and shall perform the following duties:

- 2.1 Work in collaboration with Division public health informatics staff to manage cancer data that will be part of the new Division Web-Based Interactive System for Direction and Outcome Management, (WISDOM) including the implementation of WISDOM.
- 2.2 Work with Division data analysts as resources allow to enhance linkage of cancer registry data with other data sets.
- 2.3 Work with Division staff to encourage the use of electronic reporting of cancer cases to the state's new health information exchange.

Amendment_1 3 6 13.doc

5/2/12



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4483 1-800-852-3345 Ext. 4483
FRX: 603-271-7623 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

April 06, 2012
APPROVED F/C _____
DATE _____
APPROVED G&C #72 _____
DATE 6/6/12 _____
REQUESTED ACTION NOT APPROVED _____

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics and Informatics, Office of Health Statistics and Data Management, Cancer Registry, to enter into an agreement with Trustees of Dartmouth College (Vendor #177157-B013), 11 Rope Ferry Road 6210, Box 186, Hanover NH 03755, in an amount not to exceed \$1,161,066, to operate an incidence-based statewide cancer registry system, to be effective July 1, 2012, or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013 and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts if needed and justified, between State Fiscal years.

05-95-90-900510-8666 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, CANCER REGISTRY.

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 13	102-500731	Contracts for Program Services	90080080	\$433,083.00
SFY 14	102-500731	Contracts for Program Services	90080080	\$433,083.00
			Sub-Total	\$866,166.00

05-95-90-900510-8666 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, CANCER REGISTRY.

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 13	601-500931	State Fund Match	90056005	\$147,450.00
SFY 14	601-500931	State Fund Match	90056005	\$147,450.00
			Sub-Total	\$294,900.00
			Total	\$1,161,066.00

EXPLANATION

Funds in this agreement will be used to operate an incidence-based statewide cancer registry system in New Hampshire. The primary purpose of the New Hampshire State Cancer Registry is to identify all reportable cases of cancer in New Hampshire to provide information on the over-all burden, types, and changing patterns of cancer among residents of the state. New Hampshire RSA 141-B and New Hampshire Administrative Code He-P 304 established reporting requirements for cancer case reporting in New Hampshire. The New Hampshire State Cancer Registry's overall measure of success is to meet the standards for quality, completeness and timeliness of data as defined by the nation's standard setting organization, the North American Association of Central Cancer Registries. The purpose of this agreement is to conduct data collection, data processing, quality assurance and database management activities for the collection of cancer information for the New Hampshire State Cancer Registry in accordance with the New Hampshire Department of Health and Human Services guidelines and standards set by the National Program of Cancer Registries and the North American Association of Central Cancer Registries.

The New Hampshire Department of Health and Human Services is tasked under RSA 141-B to collect information about almost all cancers diagnosed in New Hampshire. This information furthers our understanding of cancer and is used to develop strategies and policies for its prevention, treatment, and control. The data also help determine where early detection, educational, and other cancer-related programs should be directed. The availability of data on cancer in the state allows health researchers to analyze demographic and geographic factors that affect cancer risk, early detection, and effective treatment of cancer patients.

The New Hampshire State Cancer Registry is recognized as one of the leading cancer registries in the nation, and has been the cornerstone of a substantial amount of research on cancer in the New Hampshire population. Information held in the cancer registry is strictly confidential, and is protected from unauthorized access by state of the art security systems. To date, the New Hampshire State Cancer Registry has collected detailed information on over 1.3 million cases of cancer among New Hampshire residents diagnosed from 1990 forward, and more than 8,000 new cases are added annually. Every day in New Hampshire, 20 of our residents are diagnosed with cancer and seven of our residents die due to cancer. Based on New Hampshire Department of Health and Human Services estimates, the overall cost of cancer in New Hampshire in 2008 was \$1.1 billion. Cancer surveillance helps us understand the magnitude of the cancer problem in New Hampshire, and provides us with critical data to assess the health of our New Hampshire residents and to make informed decisions about how to best direct our health-related resources and activities. This data gives us the fundamental knowledge to guide the assessment, development, and evaluation of health policy, and inform and evaluate the impact of population health programs and interventions as well as personal health decisions. Cancer registries provide a basis for public and private decisions at local, state, and national levels.

Should the Governor and Executive Council not authorize this request, we would not have a high quality cancer registry, and would not have the information necessary to improve people's health, whether it is a public education, screening, treatment or policy change. This information is also used to inform policy makers and the public to assist with setting health program priorities. The cancer registry also enables cluster investigation. Having the registry reduces the amount of time necessary to confirm the cases and helps in following through the investigations that are associated with a common exposure. Understanding the causes of disease clusters will allow us to prevent future deaths and illness from similar exposures.

The Request for Proposals was posted on the Department of Health and Human Services web site December 8, 2011 to January 20, 2012. In addition, thirteen additional mailings were sent out, and on December

16, 2011, a bidder's conference was held to alert agencies to this bid. Trustees of Dartmouth College were selected for this project through a competitive bid process.

There were two respondents to the Request for Proposals. These proposals were reviewed by a team of three reviewers, two internal and one external. All reviewers had between five and thirty years experience directing health programs and conducting research and data analysis on health related data for various public health programs. Areas of specific expertise include cancer registry activities; chronic and communicable diseases; public health infrastructure; research in occupational health and safety, and management of public health programs.

The proposals were scored on the following criteria: bidder experience with a cancer registry, capacity to perform the cancer registry operations, how closely the bidder proposed plan of operation and work plan matched the criteria specified in the Request for Proposals, and the budget.

Trustees of Dartmouth College were selected as it received the highest score. Reviewers noted that Trustees of Dartmouth College had extensive past experience with the Cancer Registry in NH, is recognized nationally, and had the qualifications and capacity to conduct the Cancer Registry as well as special studies, including several data collection support services that are available to the cancer registry. Given Trustees of Dartmouth College's experience, high score and feasible budget, they were selected as the successful bidder. The Request for Proposals scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. These services were contracted previously with this agency in SFY 2012 in the amount of \$580,533. This represents level funding of \$580,533.

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

1. For each incident cancer case defined in Exhibit A, item number 7, collect all the data variables listed in New Hampshire administrative rule He-P 304.02.
2. The database shall be, at a minimum, in accordance with accepted Centers for Disease Control's National Program of Cancer Registries and North American Association of Cancer Registries standards.
3. The data collected is 95% complete within 12 months of date of diagnosis for cases seen in any New Hampshire hospital.
4. The data collected is 90% complete within 15 months of date of diagnosis for all cases among New Hampshire residents, regardless of where they received their cancer care.
5. The data collected is 95% complete within 24 months of date of diagnosis for all cases among NH residents, with cases identified from death certificate review and follow-up, from physician practices, from non-hospital facilities, and from out of state sources.
6. Submit to the New Hampshire Department of Health and Human Services a semi-annual review of contract progress by December 30 and June 30 of the contract period. Provide New Hampshire Department of Health and Human Services with an update of progress on all contract items.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
April 6, 2012
Page 4

7. At intervals specified by New Hampshire Department of Health and Human Services in the Exhibit A, the contractor will report on their progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal.

Area served: Statewide.

Source of Funds: Source of Funds is 75% Federal from Centers for Disease Control and Prevention and 25% General Funds.

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

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/SC/sc

Program Name Cancer Registry Request for Proposal
Contract Purpose To run a state wide incidence based Cancer Registry
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	ReportingMD, George Mills NH	Dartmouth Medical School, Hanover NH	Bidder Name, Town, St						
Agy Capacity	30	13.33	29.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Program Structure	50	17.33	47.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Budget & Justification	15	7.33	14.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Format	5	3.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	100	41.00	96.33	0.00						

BUDGET REQUEST										
Year-01		507,210.50	580,533.00							
Year-02		389,095.50	580,533.00							
Year-03		-	-							
TOTAL BUDGET REQUEST										
BUDGET AWARDED										
Year-01		-	580,533.00							
Year-02		-	580,533.00							
Year-03		-	-							
AL BUDGET AWARDED										
		-	1,161,066.00							

RFP Reviewers	Name	Job Title	Dept/Agency
1	Brook Dupree	Bureau Chief	Bureau of Public Health Statistics and Informatics, Division of Public Health Services
2	Karla Armenti	Principal Investigator	Occupational health Surveillance program Bureau of Public Health Statistics and Informatics, Division of Public Health Services
3	Nancy Kane	Program Director	Payson Cancer Center, Concord Hospital and Chair of Board of Directors of New Hampshire Comprehensive Cancer Collaboration

All reviewers had between five and thirty years experience directing health programs and conducting research on public health programs. Areas of specific expertise include cancer registry activities; chronic and communicable diseases; public health infrastructure; research in occupational health and safety, and management of public health programs

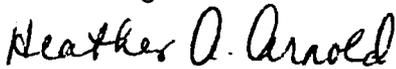
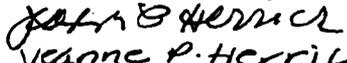
Subject: New Hampshire State Cancer Registry Operations

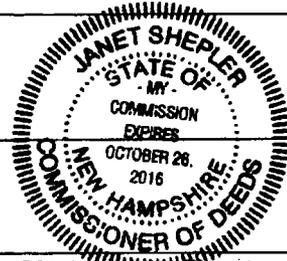
AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Trustees Of Dartmouth College		1.4 Contractor Address PO Box 186, Hanover NH 03755	
1.5 Contractor Phone Number 603-653-6620	1.6 Account Number 010-090-8666-102-500731 010-090-8666-601-500931	1.7 Completion Date 6/30/2014	1.8 Price Limitation \$1,161,066
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Heather A. Arnold, M.Ed. Assistant Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>3/5/12</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]  3/5/12			
1.13.2 Name and Title of Notary or Justice of the Peace			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Jeanne P. Herrick, Attorney On: <u>3 May 2012</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			



NH Department of Health and Human Services

Exhibit A

Scope of Services

New Hampshire State Cancer Registry Operations

CONTRACT PERIOD: 07/01/2012 or date of G&C approval, whichever is later, through 06/30/2014

CONTRACTOR NAME: Trustees of Dartmouth College

ADDRESS: PO Box 186, Hanover NH 03755

ASSISTANT PROFESSOR: Judith Rees

TELEPHONE: 603-653-6620

The Contractor shall:

All services to be performed under this contract shall be in accordance with New Hampshire Department of Health and Human Services (DHHS), New Hampshire law RSA 141-B, New Hampshire Administrative rules He-P 304, United States Public Law 102-515, and Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries (NPCR) and North American Association of Central Cancer Registries (NAACCR) standards and guidelines. The contractor shall:

1. Within seven (7) calendar days after the contract start date the contractor shall organize a Kick-off meeting. The contractor shall present for discussion and proposed modifications to the Work Plan it previously submitted as part of its Proposal. The timeline and work plan shall meet all due dates for deliverables noted in the Deliverables and Key Performance Indicators set forth in Appendix 1 of this document. Any subsequent amendments to the Work Plan shall be in writing and signed by the DHHS and the contractor. (The due dates mentioned in this document represent the DHHS's best estimates at the time of drafting of the Request for Proposal (RFP).
2. Within fourteen (14) calendar days after the Kick-off meeting and after 28 days after the contract starting date, contractor shall submit a copy of finalized Work Plan. This plan should include modifications to the technical proposal, as requested by the DHHS during the Kick-off meeting. All activities listed in the work Plan are subject to approval by the DHHS.
3. Within 30 days of the contract starting date, the contractor shall have all fully qualified staff assigned in support of the New Hampshire State Cancer Registry (NHSCR) contract.
4. Maintain the NHSCR database from a physical location within a seventy-five (75) mile radius of the DHHS, located in Concord. The rationale for this requirement is that the DHHS provides technical and administrative oversight of the NHSCR operations, which includes on-site visits to the NHSCR contractor. In addition, appropriate contractor personnel are required to attend regular meetings with DHHS staff as well as other meetings as necessary.
5. Allow full participation of the DHHS in the ongoing, onsite operations of the contractor including interacting directly with contractor staff, viewing abstract processing, participating in customizing registry software selecting edits, aspects of database management, system security, and quality assurance that the DHHS deems necessary.
6. Provide the DHHS with technical assistance and expertise on matters within the scope of work of the contract.

Cancer Registry Operation

7. Operate an incidence-based statewide cancer registry reporting system in accordance with RSA 141-B and Part He-P 304.0 of the New Hampshire Administrative Rules. Collect information and maintain an electronic

database of all incident cancer cases occurring among the New Hampshire population including all neoplasms listed in the 9th Revision of the International Classification of Diseases, ICD-9 CM codes 140-239, published by CDC, available at the CDC website <http://www.cdc.gov/nchs/icd/icd9cm.htm> or comparable ICD-O codes listed in the "International Classification of Diseases for Oncology," 3rd Edition published by the World Health Organization (WHO), available at the WHO website www.who.int/classifications/icd/adaptations/oncology/en/ but excluding:

- a. Carcinoma in-situ of skin, ICD code 232, and other malignant neoplasms of the skin, ICD code 173 with histology 8000-8110;
 - b. Benign neoplasms, ICD codes 210-219;
 - c. Carcinoma in-situ of the cervix, ICD code 233.1; and
 - d. Other neoplasms (malignant and pre-malignant) not listed above as mutually agreed to by the DHHS and the contractor.
8. Facilitate and encourage submission of reports for each incident case defined in 7.0, all the data variables listed in administrative rule He-P 304.02 by "health facilities" within an expected time frame as listed in administrative rule He-P 304.01(d) and He-P 304.01(k). Facilitation and encouragement may include writing letters, calling by telephone and personal visits to health providers and/or health facility administrators or supervisors. (*"Health Facilities" shall be defined as any governmental or private agency, department, institution, clinic, hospital, health maintenance organization, association, physician, hospice, freestanding radiation oncology, medical oncology group, in-state or out-of-state hospital pathology laboratory, nursing homes, and home health services or other similar unit that diagnoses or provides treatment for cancer.*)
9. Inform the DHHS of facilities that remain out of compliance with reporting requirements despite contractor notification in the following situations:
- a. Denial or lack of access to pathology reports or medical records;
 - b. Lack of submission of reports within 1 month of expected date; and
 - c. Lack of response to letter or other formal inquiry within 1 month;
10. Timetable of Data Deliverables:
1. At the close of the diagnosis year being evaluated for the National Data Quality Standard (formerly known as the 24-Month Standard), the NHSCR data shall meet the following five data quality criteria:
 - a. Data are 95% complete based on observed-to-expected cases as computed by CDC.
 - b. There are 3% or fewer death-certificate-only cases.
 - c. There is a 1 per 1,000 or fewer unresolved duplicate rate.
 - d. The maximum percent missing for critical data elements are:
 1. 2% age
 2. 2% sex
 3. 3% race
 4. 2% county
 - e. 99% pass a CDC-prescribed set of standard edits
 2. 90% complete for all cases among NH residents, regardless of where they received their cancer care, within 15 months of date of diagnosis.
 3. At the close of the diagnosis year being evaluated for the Advanced National Data Quality Standard (formerly known as the 12-Month Standard), the NHSCR data shall meet the following data quality criteria:
 - a. Data are 90% complete based on observed-to-expected cases as computed by CDC.
 - b. There is a 2 per 1,000 or fewer unresolved duplicate rate
 - c. The maximum percent missing for critical data elements are:
 1. 3% age
 2. 3% sex
 3. 5% race
 4. 3% county
 - d. 97% pass a CDC-prescribed set of standard edits.

Case Ascertainment Activities

11. Establish and implement case reporting from any new or existing free-standing radiation oncology facility in the state.
12. Establish and implement case reporting from any new or existing free-standing medical oncology group in the state.
13. Establish and implement electronic case finding from hospital or private pathology labs and from out-of-state pathology laboratories.
14. Perform death clearance on quarterly basis. Death clearance should be performed by matching records in the NHSCR with New Hampshire mortality data provided by the DHHS and with National Death Index., to determine the level of the NHSCR's record completeness for in-state and out-of state deaths to New Hampshire residents where cancer is identified as a cause of death.
15. For in-state deaths, the contractor shall make a determination as to the cause of and appropriate correction for cancer incidents not reported to the NHSCR. This should include contacting the certifier of the death for case follow back as necessary. For deaths of individuals in NHSCR database, the contractor shall electronically update the Vital Status, date of death and cause of death for matching cases.
16. Operate query systems that cross checks definitive reports, rapid reports, and non-reportable data sources using data linkage processes to ensure maximum case ascertainment.
17. Within 30 days after the contract start date, the contractor shall create or update the NHSCR operations manual. This manual on NHSCR procedures is for potential distribution to all reporting health providers and health facilities. The manual will provide documentation of the objectives, implementation and operation of the registry. All the contractor staff of NHSCR and DHHS shall be provided with a copy of the manual. This manual shall contain, at a minimum:
 - i. Most current reporting laws/regulations
 - ii. List of reportable diagnoses
 - iii. List of required data items
 - iv. Procedures for data processing operations including:
 1. Procedures for monitoring timeliness of reporting
 2. Procedures for receipt of data
 3. Procedures for database management including a description of the Registry Operating System (software).
 4. Procedures for conducting death certificate clearance
 5. Procedures for implementing and maintaining the quality assurance/control program
 - a. Procedures for conducting follow-back to reporting facilities on quality issues. These procedures include rules for identifying when action or further investigation is needed
 - b. Procedures for conducting record consolidation
 - c. Procedures for maintaining detailed documentation of all quality assurance operations.
 - d. Procedures for education and training
 6. Procedures for conducting data exchange including a list of states with which case-sharing agreements are in place
 7. Procedures for conducting data linkages
 - v. Procedures insuring confidentiality and data security including disaster planning
 - vi. Procedures for data release including access to and disclosure of information
 - vii. Procedures for maintaining and updating the operational manual.
18. The contractor shall revise the NHSCR operations manual when any changes are made to policies and procedures relating to the NHSCR activities based on contractor need or as requested by the DHHS. The contractor will submit the changes to the DHHS, who will review and seek revision or approve within 30 days.

19. Within 30 days after the contract start date, the contractor shall review and update existing documents for reporting facilities, including letters, user application forms, reporting requirement document, Webplus user guides, etc. Determine needed updates in consultation with the DHHS. When updates are needed, develop updated material, obtain approval of the DHHS, and provide to reporting facilities and post them on web for easier access.
20. Through site visits to New Hampshire hospitals conducted at least quarterly or as needed, review discharge, laboratory and pathology reports as well as medical charts to ensure the completeness of case reporting and accuracy for completion.

Information Technology Activities

21. Include in the technical proposal a schematic of the proposed IT set up, including a visual picture showing the configuration of the hardware (e.g. servers, computers), software and firewalls, and a written description of the configuration and this should also include a description of the kind and type of data encryption to be deployed within different components of the IT environment.
22. Within 30 days of the contract start date, provide and set up necessary computer hardware, including servers and computers for the NHSCR contractor staff, necessary to maintain the NHSCR database.
23. Within 30 days of the contract start date, establish necessary secure internet connections and local connectivity for contractor staff to access the NHSCR servers and databases.
24. Within 30 days of the contract start date, provide connectivity for all reporting facilities to the NHCSR database on secure server.
25. Maintain secure web access to the NHSCR seven days per week for Web Plus on-line data entry and data file uploading.
26. Within 30 days of the contract start date, install and utilize the current automated NHSCR data management system, developed and supported by the federal CDC, and populated with NHSCR data. Train staff in operation of CDC software systems. The contractor shall work closely with CDC programmers to update all the components of the software, as required and shall participate in the relevant CDC software users group. (The DHHS maintains the discretion to utilize any kind of data management system. There shall be no modifications or upgrades to the software without the approval of the DHHS.)
27. Restrict reporting via Web Plus data entry or file upload to those reporters who have submitted signed agreements to become Web Plus users and are therefore authorized to access the database.
28. Within 30 days of the contract start date, develop and implement procedures for the electronic submission and processing of laboratory pathology and cytology reports utilizing NAACCR standards.
29. Within 30 days of the contract start date, maintain a computerized log of facilities and personnel who report data to NHSCR (in excel or access or any other system) which includes at minimum; facility ID, name and demographic information; names and contact information of personnel (reporters and supervisors), and log of prior facility contacts.
30. Within 30 days of the contract start date, maintain a computerized log of all abstracts received from each reporting facility that includes facility ID, number of abstracts received, date received , format of data received and NAACCR version if electronic submission.
31. Upgrade or replace user software and or hardware and make necessary changes to customize software because of advancing technology and or modifications required by DHHS, NPCR or NAACCR standards. The contractor shall make further upgrade(s) or replacements(s) during the life of this contract, at an additional negotiated price, if so requested by DHHS and subject to all necessary state approvals.
32. Within 30 days of the contract start date, provide means for DHHS staff approved by the DHHS to periodically access data from NHSCR, while maintaining data security.
33. Develop and implement procedures for granting access to data to approved NHSCR staff.

Database Management Activities

34. Within 30 days of the contract start date, develop and implement procedures for the timely and accurate consolidation of cancer reports.

35. Consolidate tumor records and treatment information in accordance with standards set forth by NPCR, NAACCR or the SEER.
36. Perform routine, standard edit checks on all reports received in accordance with NPCR and NAACCR standards. The contractor shall be responsible for the accuracy of the data it codes, edits and consolidates and for maintaining the integrity of the data from year to year. At a minimum, the editing and review of data would include:
 - a. Routine visual review of abstracts and error reports;
 - b. Installation and use of the most recent standard edit set metafiles as chosen by DHHS and the contractor;
 - c. Detection of errors during editing, documentation of errors found and corrections of errors detected;
 - d. Detection and consolidation of multiple abstracts(tumor records) received during the contract that match cases reviewed in current or prior years; and
 - e. Detection and removal of duplicate consolidated cases (that is two or more consolidated records for the same tumor in an individual);
 - f. The contractor shall describe strategy for the routine, continual detection and removal of the duplicates from the NHSCR database—even after current accession year has closed.
37. Assure that the individual case records in the NHSCR automated database are computer-edited for duplicate records, invalid coding, improbable values, and inconsistencies prior to statistical processing and data compilation for analytical purposes. Areas to be edited include, but are not limited to:
 - a. Data Range Checks;
 - b. Geographic Coding Assignment;
 - c. Duplicate Record Checks;
 - d. Blank or no data items. Entries of “unknown” are to be made for all missing values that are not reported to the NHSCR and are not resolved after receipt of the report at the NHSCR;
 - e. Invalid values;
 - f. Relational items as follows:
 1. City at diagnosis field must only have values that exactly match legitimate New Hampshire City, town, or village names in list supplied by DHHS.
 2. City at diagnosis, the code for county and state of diagnosis must always agree and where city at diagnosis exists, a code for county at diagnosis must be provided.
 3. Vital status and cause of death fields must agree and cause of death must be a valid ICD9 or ICD10 cause of death code or one of the special NAACCR codes.
 4. Records should be checked to make sure that MD name is correctly entered into first and last name fields.
 5. Records should be checked to compare sex of patient and the first name of the patient as a guide for determining correct entry of the record.
 6. No logical conflicts shall exist between all the treatment diagnosis fields and the related reason for no treatment fields.
 7. Apply applicable NPCR and NAACCR Central Registry edits to data fields.
38. Geocode all cancer reports of New Hampshire residents for address and census tract, for a given year and accurately incorporate new and revised coding into NHSCR database.

Information and System Security Policies and Procedures

39. Maintain the confidentiality and integrity of information in accordance 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 and those parts of the HITECH Act as applicable. The contractor shall also maintain and protect the confidentiality of the database and information obtained and maintained during this contract in accordance to NH RSA 141-B and NH Administrative Rules He-P 304 and shall acknowledge agreement with the Data Use Policy of the DHHS, which views NHSCR database as DHHS-owned database, with data release subject to restrictions and conditions.

40. Within 14 days, after initial contract start date, deliver a document summarizing administrative and technical security measures to be deployed to protect the NHSCR database and other related elements.
41. Within 60 days, after initial contract start date, furnish DHHS with final copies of its system security and integrity manual which includes plans/procedures/protocols for ensuring that the contractor's NHSCR system will be properly secured, maintained and updated throughout the contract term.
42. Within 14 days after initial contract start date, implement series of internal procedures to ensure that: (A) access to automated information is restricted to authorized persons, on a needed basis, and (B) control is maintained over all the documents that contain sensitive information to ensure that these documents are available only to authorized persons.
43. Within 10 days of delivering the document summarizing the proposed administrative and technical security measures to DHHS, implement full security measures to ensure the security and quality of all the elements in the NHSCR database, through procedures that shall include the following:
 - a. Ensure that equipment is protected from theft and accidental or deliberate damage or misuse
 - b. Ensure that once computer programs and data sets are completed and in routine use, they are protected against tampering. Carefully control access to and maintenance of computer programs and NHSCR database.
 - c. Ensure that copies of original data submitted are maintained and never altered.
 - d. Ensure that data are protected against inadvertent or deliberate destruction, modification, or dissemination.
 - e. Ensure procedures for backup, archiving, and disaster recovery for computer programs and NHSCR database.
 - f. Ensure that password are changed, access denied and other security procedures are in place to protect against ongoing access and sabotage when staff resign, are terminated, or no longer assigned to NHSCR contract.
44. The contractor shall be responsible for maintaining the security and integrity of the NHSCR's data. The contractor shall re-process data at no additional cost to the DHHS in accordance with DHHS instructions if the DHHS or contractor finds that contractor has corrupted, altered, tampered with, or improperly coded/processed any data sets during the duration of the Contract.
45. The contractor shall immediately report to the DHHS all errors or anomalies in the NHSCR data, which could reasonably be believed to suggest that security or integrity of the NHSCR or its data may be compromised. The contractor shall report to the DHHS the results of its analysis of the same and, in addition, the steps it has taken or intends to take to ensure security and integrity of the NHSCR and its data.
46. The contractor shall report to DHHS within 24 hours any breach to the NHSCR data. The contractor shall be responsible for implementing appropriate policies, procedures and protocols to identify actively breaches or threatened breaches of the NHSCR security and integrity.

Training and Education

47. Provide consultation, technical assistance, and training to assure accurate, timely and complete data from reporters (registrars, medical record personnel, providers and abstractors) at reporting facilities.
48. The contractor shall provide technical assistance by phone or in person to individual reporting facilities and providers during normal weekday business hours; response time for telephone consultation shall be no longer than one working day after request is received or for on site consultation, no longer than 10 working days.
49. The contractor shall assess the training needs of various reporting facilities; develop written guidance, policies and procedures for reporting facilities; and provide technical assistance and training for reporting facilities
50. Annually, convene state cancer registrars meeting to include educational and technical sessions to cancer registrars of New Hampshire hospitals to foster compliance with reporting requirements as developed by the DHHS.
51. Provide twice annually, web-based training and education sessions to cancer registrars of New Hampshire hospitals on topics identified by the contractor in consultation with DHHS that will help improve cancer reporting. These may include instruction on proper cancer coding; use of edit sets; new software etc.

Quality Control and Assurance (QA/QC) Activities

52. Carry out quality assurance and control activities to assure appropriate data coding, consolidation and documentation, and assure complete case ascertainment and high quality data from all reporting sources in accordance with NH rules and regulations, NAACCR and NPCR standards.
53. Within 30 days of contract start date, develop and implement a QA/QC implementation plan (including timeline) which at minimum includes the following activities into routine operations:
 - a. Assignment of qualified individuals to perform QA/QC activities.
 - b. A routine schedule for edits and internal management reports.
 - c. A routine schedule for internal audits for QA/QC and data security and provision of these reports to DHHS. The plan shall include written procedures for the internal monitoring of quality assurance procedures and written procedures /steps implemented if quality control goals are not met.
 - d. Procedures for documenting edits/changes made to data during processing
 - e. Routine training, assessment and professional development of the contractors' staff.
54. Perform case finding activities utilizing traditional and non-traditional sources to assure timeliness and completeness of cancer reporting.
55. By July 31st of each year, obtain from each reporting hospital "diagnostic index" for case finding at all hospital reporting facilities. A diagnostic index is a detailed patient listing of all discharges meeting certain definitions in medical records coding. The contractor shall encourage facilities to submit electronic diagnostic indices.
56. By October 31st of each year, the contractor shall complete Death Clearance activities as described above in Item Number 13 and 14.
57. For each hospital, the key variables specified by NAACCR and NPCR will be selected for visual editing of 100 cases. If, after review and discussion with the hospital registrar, the error rate identified in total from these fields in the 100 reports is greater than 2%, then the NHSCR will continue to visually edit cases from that hospital and will work with the hospital registrar to improve abstracting.
58. Cleanliness of the database shall be, at a minimum, in accordance with accepted NAACCR standards. A 2% error rate threshold shall be the guide for visual editing of hospital registry accuracy.

Reporting Activities

59. Produce quarterly timeliness and completeness reports by hospital to monitor case reporting activities. Supply aggregate timeliness and completeness reports to DHHS on a quarterly basis, stating which hospitals are delinquent in their reporting and the steps taken to improve reporting from delinquent hospitals.
60. Provide the DHHS with a commentary relating to the annual reports provided by NPCR and NAACCR. Contingent upon receipt of complete death certificate data from New Hampshire Vital Records provide an annual report monitoring completeness estimating the percent of cases with histological verification (HV%) and percent of cases identified by death clearance only (DCO%). Submit a report to DHHS upon completion of the contract period or reasonable amount of time when the NAACCR and NPCR reports are available.
61. Prepare and submit to the DHHS staff a semi-annual review of contract progress by December 30 and June 30 of the contract period. Provide Division of Public Health Services with an update of progress on all contract items through the routine semi-annual NHSCR progress report or work plan.
62. Cooperate with any audit of NHSCR for data quality by NPCR or NPCR designated contractor. Submit to DHHS a summary of this audit upon completion.
63. Provide by January 30th of each year of the contract, a finalized data set that has undergone complete QA/QC process. The extract of the data would cover from January 1, 1990 to date. The goal for this data set is prescribed under data deliverables.
64. Provide the DHHS an extract of the complete NHSCR database from January 1, 1990 to date upon request.
65. Upon approval from the DHHS, the contractor shall submit finalized datasets to NAACCR and to NPCR as specified by the NAACCR and NPCR standards and Call for Data requirements. The contractor shall submit copies of each of these submissions to DHHS.
66. Provide cancer case data to and receive data from states with which DHHS has a data exchange agreement, in accordance with the terms of the exchange agreement. The data shall be submitted using the agreed upon

NAACCR format and will have been edited to the best extent possible. The DHHS currently has exchange agreements with eight (8) states and additional agreements may be executed by the DHHS during the life of this contract and shall be accommodated by the contractor.

67. Upon approval of the DHHS, provide selected health researchers, with electronic copies of NHSCR data for certain specific data elements requested and cleared by DHHS.
68. Upon approval from the DHHS, provide data to the Vermont Breast and Cervical Program for breast and cervical cancer cases among Vermont residents diagnosed in New Hampshire in accordance with the program's approved application for data release by DHHS.
69. Upon approval from the DHHS, provide breast cancer case data to the NH Mammography Network in accordance with the program's approved application for data release by DHHS; receive cancer case data from the NH Mammography Network.
70. Upon approval from the DHHS, provide colorectal cancer case data to the NH Colorectal Cancer Screening Program in accordance with the program's approved application for data release by DHHS.
71. Direct any requests for data or analysis of NHSCR data from researchers, the media or general public to the DHHS within three (3) working days of receipt of the request.

Other Programmatic Activity

72. The contractor shall make available key personnel to meet with appropriate DHHS personnel (Not to exceed 15 or be less than four (4) meetings) to discuss, policies and procedures, ongoing activities, contract deliverables, performance measures, review contract performance and transition to new contractor, etc.
73. The contractor may include travel funds for appropriate staff to attend the National Cancer Registrars Association (NCRA) and NAACCR meetings annually for staff development.
74. Convene annually New Hampshire State Cancer Registry Advisory Panel.
75. Participate as an active member when needed in New Hampshire Comprehensive Cancer Collaboration.
76. Participate as an active member with DHHS to collaborate in applying for grants that DHHS is interested, regardless as to who receives the actual funding. Both DHHS and contractor agree to consider the others' expenses and needs for operation and program growth when applying for grants and distribution of financial resources when funding is received.
77. Provide Ad-hoc services related to cancer epidemiology. Working with DHHS staff at DHHS offices, the time spent may be up to 12 hours per week on such tasks, as long as suitably qualified staff is available. These tasks will be mutually agreed upon by the contractor and the DHHS, and supervised by the DHHS staff. Tasks associated with these services may include:
 - a. Assist in the preparation of data and narrative for the annual cancer report for New Hampshire;
 - b. Assist in the investigation of cancer clusters and response to concerns about the occurrence of cancer clusters in New Hampshire;
 - c. Assist with the preparation of manuscripts for publication and develop preparatory materials for professional meetings based on the DHHS needs.

Centers for Disease Control and Prevention (CDC) Cooperative Agreement Activities

78. Assist in drafting goals and program objectives, progress reports and NHSCR budgets as requested by DHHS for the purposes of the New Hampshire's application for the CDC Continuing Cooperative Agreement for Enhancement of State Cancer Registries.
 - a. Provide all contractor-specific documentation and assurances necessary for the application.
 - b. The contractor agrees that the application for the CDC Cooperative Agreement will be submitted for and all funding will be awarded to the DHHS.
 - c. Identify contractor contributions to the NHSCR effort, not state general funds or federal funds that would be applied to a direct or in-kind match that may be required for application for the CDC cooperative agreement.
 - d. Informs the DHHS within one (1) working day of any cooperative agreement related inquiries by CDC project or grants management staff.

- e. Appropriate representatives from the contractor staff shall represent the NHSCR on the NPCR and NAACCR- task force, users group and or committees to learn recent updates, issues and share NH experiences with all other states and will keep DHHS fully informed of all such activities.
- f. Where appropriate, NHSCR will communicate directly with NPCR and NAACCR on technical matters of cancer surveillance, standards and submissions to NPCR and NAACCR and will keep DHHS fully informed of all such activities.

Transition Activities

79. Assist with transition to a new vendor for the subsequent solicitation of this contract if incumbent vendor is not successful offeror in the subsequent solicitation. Within two (2) months of the end of the contract term:
- a. Provide the new vendor with copy of latest version of the NHSCR database; the reporters' database; preregistration log; and the original copies of all the backups of the database.
 - b. Write up procedures used to purge all NHSCR data from vendor's hardware and send the procedures to DHHS for review and approval. After approval of the procedures by the DHHS, purge all NHSCR data from the hardware of vendor.
 - c. Within 30 days of the contract start date train up to four people employed by the new vendor at the site of and using the hardware and software of the vendor. Train on how to administer the database of the NHSCR; including how to change edits; managing abstracts; create date sets for DHHS, for NAACCR and NPCR; perform data exchange with other states. The training is anticipated to involve at least the vendor's database manager and QA supervisor for approximately two days.
 - d. Provide the DHHS with any hard copy of abstracts and pathology reports submitted by reporting facilities; electronic diskettes; and all documentation of interaction with reporting facilities.
 - e. Provide DHHS with a hard and electronic copy of the latest version of the operation manual; system security and integrity manual; and all other materials developed for the work process of NHSCR during the contract process.
 - f. Close the web access for reporting facilities so that facilities can no longer upload data of NHSCR data to the incumbent vendor.

Appendix 1: Deliverables and Key Performance Indicators

All date references in this paragraph shall be used no later than context for this contract unless otherwise specifically noted in the main body of the contract. All time periods are calendar days and not business days unless otherwise specifically stated in the main body of this RFP.

Description of Key Variables	Item Number	Initial Term
Kick -Off Meeting after contract start Date	1	7 days
Revised Work Plan	2	28 days
Fully Qualified Staff	3	30 days
Allow DHHS Participation	5	Ongoing
Case Reporting	11-13	Ongoing
Create/Update operation manual	17	30 days
IT infrastructure/Webserver	22	30 Days
Obtain prior NHSCR data	26	30 days
Install Registry Software and prior data	27	30 days
Processes for laboratory and pathology reports	29	30 days
Reporters database	30	30 days
Registration log	32	30 days
Upgrade/Replace software	34	ongoing

DHHS data access	35	30 days
Procedures for Consolidation of cases and reports	37	30 days
Run edit checks	39-40	Ongoing
Geocoding	41	Ongoing
System security and policies and procedures	43-46	14-60 days
Responsibility for consultation/assessment	50-51	Ongoing
QA/QC Plan	56	30 Days
Case Finding and Diagnostic Indices	58	July 31 of each year
Death Clearance	13-14 & 59	October 31 of each year
Quarterly Facility Reports	62	Once in 4 months
NPCR and NAACCR Annual Report	63	Yearly
Semi Annual progress Report	64	December 30 & June 30 of each year
Final Incidence dataset	66	January 30 of each year
Extract of Incidence dataset	67	Ongoing
Submit data to NPCR	68	November 30 of each year
Submit data to NAACCR	68	November 30 of each year
Interstate Data Exchange	69	Ongoing
Release of Data to researchers	70	Ongoing
Attend Meetings	75	Ongoing
CDC Cooperative Agreement Activities	81	Ongoing
Transition Activities	82	2 months

**Appendix 2: Case Finding Codes
NEW HAMPSHIRE STATE CANCER REGISTRY
CASEFINDING LIST EFFECTIVE JANUARY 1, 2004**

ICD-9-CM Codes

Diagnosis (in preferred ICD-O-3 terminology)

042	AIDS (review cases for AIDS-related malignancies)
140.0-208.9	Malignant neoplasms
203.1	Plasma cell leukemia (9733/3)
205.1	Chronic neutrophilic leukemia (9963/3)
225.0	Benign neoplasm of brain
225.1	Benign neoplasm of cranial nerves
225.2	Benign neoplasm of cerebral meninges; cerebral meningioma
225.3	Benign neoplasm of spinal cord, cauda equina
225.4	Benign neoplasm of spinal meninges; spinal meningioma
225.8	Benign neoplasm of other specified sites of nervous system
225.9	Benign neoplasm of nervous system, part unspecified
227.3	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, Rathke's pouch, sella turcica
227.4	Benign neoplasm of pineal gland, pineal body
230.0 – 234.9	Carcinoma in situ
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges: NOS, cerebral, spinal
237.70	Neurofibromatosis, Unspecified von Recklinghausen's Disease
237.71	Neurofibromatosis, Type One von Recklinghausen's Disease
237.72	Neurofibromatosis, Type Two von Recklinghausen's Disease
237.9	Neoplasm of uncertain behavior of other and unspecified parts of nervous system; cranial nerves

- 238.4 Polycythemia vera (9950/3)
- 238.6 Solitary plasmacytoma (9731/3)
- 238.6 Extramedullary plasmacytoma (9734/3)
- 238.7 Chronic myeloproliferative disease (9960/3)
- 238.7 Myelosclerosis with myeloid metaplasia (9961/3)
- 238.7 Essential thrombocythemia (9962/3)
- 238.7 Refractory cytopenia with multilineage dysplasia (9985/3)
- 238.7 Myelodysplastic syndrome with 5q-syndrome (9986/3)
- 238.7 Therapy –related myelodysplastic syndrome (9987/3)
- 273.2 Gamma heavy chain disease; Franklin’s disease
- 273.3 Waldenstrom’s macroglobulinemia
- 284.9 Refractory anemia (9980/3)
- 285.0 Refractory anemia with ringed sideroblasts (9982/3)
- 285.0 Refractory anemia with excess blasts (9983/3)
- 285.0 Refractory anemia with excess blasts in transformation (9984/3)
- 288.3 Hypereosinophilic syndrome (9964/3)
- 289.8 Acute myelofibrosis (9932/3)
- V07.3 Other prophylactic chemotherapy (screen carefully for miscoded malignancies)
- V07.8 Other specified prophylactic measure
- V10.0-V10.9 Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment)
- V58.0 Admission for radiotherapy
- V58.1 Admission for chemotherapy
- V71.1 Observation for suspected malignant neoplasm
- V76.0-V76.9 Special screening for malignant neoplasm

NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

New Hampshire State Cancer Registry Operations

CONTRACT PERIOD: 07/01/2012 or date of G&C approval, whichever is later, through 06/30/2014

CONTRACTOR NAME: Trustees of Dartmouth College

ADDRESS: PO Box 186, Hanover NH 03755

ASSISTANT PROFESSOR: Judith Rees

TELEPHONE: 603-653-6620

Vendor #177157-B013

Job #90080080
90056005

Appropriation 010-090-8666-102-500731
010-090-8666-601-509731

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

\$866,166 for the NH Cancer Registry Enhancements, funded from 100% federal funds from the Centers for Disease Control (CDC) (CFDA #93.283).

\$294,900 for the NH Cancer Registry, funded from 100% general funds.

TOTAL: \$1,161,066

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

Contractor Initials: HA

Date: 3/5/12