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**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF THE COMMISSIONER**  
**BUREAU OF HUMAN RESOURCE MANAGEMENT**

**Jeffrey A. Meyers**  
 Commissioner

**Marilyn G. Doe**  
 Director

129 PLEASANT STREET, CONCORD, NH 03301-3857  
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 Fax: 603-271-4810 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 11, 2018

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$4,000.00 as follows:

Institution:	The University of North Carolina at Chapel Hill 135 Dauer Drive Chapel Hill, NC 27599- 7400
Course Title(s):	HPM958 Financial Leadership for Health Care, Non-Profit and Public Health Entities
Course Date(s):	Begin: 08/14/2018 End: 12/14/2018
Employee:	Elizabeth R. Daly
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$4,659.45
State Share:	\$4,000.00
Source of Funds:	Employee Training, 100% General

**EXPLANATION**

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous.

Elizabeth Daly is the Chief of the Bureau of Infectious Disease Control (Administrator IV) within the Division of Public Health Services. She began working for the Department 14 years ago as an infectious disease epidemiologist and was promoted shortly after to section chief overseeing infectious disease surveillance activities. In 2016, she was again promoted to bureau chief overseeing all infectious disease program areas including surveillance, outbreak response, immunizations, and prevention. In these roles, she has contributed significantly to all infectious disease outbreak investigations and other public health responses that occurred over the last decade in New Hampshire.

Tuition assistance is requested for Ms. Daly to take the University of North Carolina's "HPM958: Financial Leadership for Health Care, Non-Profit and Public Health Entities" course. This course is designed to provide learners with an overview of budgeting concepts, as well as financial statement analysis, and goes beyond the creation of budgets and financial statements to the analysis of the entity's financial health as a whole. This course directly relates to Ms. Daly's position at the Department in her role as administrator overseeing a large bureau of more than 70 employees and a \$45 million budget.

This course is a required course in the University of North Carolina's Doctor of Public Health (DrPH) degree program in Health Leadership, in which Ms. Daly is enrolled. UNC is ranked as the 2<sup>nd</sup> best School of Public Health in the country and the state will benefit from Ms. Daly's participation in the program. Ms. Daly maintains a long-standing commitment to improving the health of New Hampshire citizens as demonstrated by her decision to return to her home state of New Hampshire after receiving her Master of Public Health degree from Emory University in Atlanta, GA despite having competing job offers at the federal Centers for Disease Control and Prevention. It is her intention and desire to continue to serve the citizens of New Hampshire. Obtaining a DrPH degree will provide Ms. Daly with advanced public health leadership training to support the leadership role she fulfills at the Department.

This course will not be taken on State time.


Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,



Lori Weaver  
Associate Commissioner, Operations

Approved by:



Jeffrey A. Meyers  
Commissioner



THE STATE OF NEW HAMPSHIRE
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 1st day of June, 2018 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Elizabeth R. Daly (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

- 1. The State shall pay to the named institution the sum of \$4,000.00, which monies shall be used for the purpose of enrolling the Recipient in: HPM958: Financial Leadership for Health Care, Non-Profit and Public Health Entities (course name), which course(s) is being offered by The University of North Carolina at Chapel Hill and which course(s) shall commence on August 14, 2018 and terminate on December 14, 2018.
2. The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
3. Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
4. Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
5. The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
6. Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
7. The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
8. Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT

(signature)

[Handwritten signature of Elizabeth R. Daly]

(printed name) Elizabeth R. Daly

NOTARY State of New Hampshire, County of Merrimack:

On this the 1st day of June, 2018, before me, Nichelle Swanson the undersigned officer, personally appeared, Elizabeth R. Daly (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

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

[Handwritten signature of Nichelle Swanson]
Notary Public/Justice of the Peace

THE STATE OF NEW HAMPSHIRE

(signature)

[Handwritten signature of Lori Weaver]

(date)

6-19-18

(printed name, title)

Lori Weaver

ed.tuition Beth Daly

Associate Commissioner



OFFICE of SCHOLARSHIPS and STUDENT AID  
 THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL  
 111 Pettigrew Hall, CB #2300  
 P.O. Box 1080  
 Chapel Hill North Carolina 27514-1080  
 T (919) 962-8396 aidinfo@unc.edu  
 F (919) 962-2716 studentaid.unc.edu

Student Name:	Elizabeth R. Daly
Student PID #:	730182367

## Outside Award Submission Form

To be completed by the provider/administrator of this scholarship award.

Please make checks payable to UNC-CH and mail them to the following address:

University Cashier  
 Suite 2215, SASB North  
 450 Ridge Road, CB 1400  
 Chapel Hill, NC 27599-1400

### Scholarship Information

Full scholarship name: State of New Hampshire Employee Tuition Assistance

Payment information:

Award Amount:	\$4,000
Check Date:	
Check #:	

Term(s) that scholarship should be applied:

*If not indicated, we will split evenly between Fall and Spring or Summer I and II.*

Fall 2018	<input checked="" type="checkbox"/>	Summer I 2018	<input type="checkbox"/>
Spring 2019	<input type="checkbox"/>	Summer II 2018	<input type="checkbox"/>
Fall and Spring 2018/19	<input type="checkbox"/>	Summer I and II 2018	<input type="checkbox"/>

If payment is designated for one term only, will a second payment be issued the following term? Y  N

### Provider Information

Full company/donor name: State of New Hampshire

Contact Information:

Contact name:	Neil Brown	Phone #:	(603) 271-9016
Position:	Training Manager	E-mail Address:	Neil.Brown@dhhs.nh.gov

Address:	NH DHHS, 129 Pleasant Street, Concord, NH 03301
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### Questions or Concerns?

Feel free to contact the Outside Scholarships and Grants Manager at [outsidescholarships@unc.edu](mailto:outsidescholarships@unc.edu) or call 919.962.9484.