



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



Jeffrey A. Meyers
Commissioner

Marcella J. Bobinsky
Acting Director

April 25, 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 exercise a renewal option and amend an existing agreement with JSI Research & Training Institute, Inc., dba Community Health Institute, Purchase Order #1043188. Vendor #161611-B001, 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price limitation by \$190,000 from \$217,000 to an amount not to exceed \$407,000 to continue developing a multi-year Technical Assistance Network for New Hampshire Rural Health Clinics, to be effective July 1, 2016, or the date of Governor and Council approval, whichever is later, through June 30, 2018. 100% Federal Funds.

Funds are available in the following accounts for SFY 2017, and are anticipated to be available in SFY 2018, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE

Table with 7 columns: State Fiscal Year, Class / Account, Class Title, Job Number, Current Modified Budget, Increased (Decreased) Amount, Revised Modified Budget. Rows include data for years 2015-2018 and a Sub Total row.

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
 HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY &
 PERFORMANCE, RURAL HLTH & PRIMARY CARE

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2015	102-500731	Contracts for Prog Svc	90073000	27,000	0	27,000
2016	102-500731	Contracts for Prog Svc	90073000	30,000	0	30,000
2017	102-500731	Contracts for Prog Svc	90073000	0	30,000	30,000
2018	102-500731	Contracts for Prog Svc	90073000	0	30,000	30,000
			Sub Total	\$57,000	\$60,000	\$117,000
			TOTAL	\$217,000	\$190,000	\$407,000

EXPLANATION

This agreement is used to carry out work under the United States Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy, State Office of Rural Health Program and the United States Department of Health and Human Services, Centers for Disease Control, Combined Chronic Disease (Diabetes, Heart Disease, Obesity and School Health) Program.

The purpose of this request is to exercise a renewal option to provide Technical Assistance to New Hampshire Rural Health Clinics to directly benefit rural, low-income, uninsured, Medicare and Medicaid New Hampshire populations. This contract will assist in developing a project to increase utilization of Health Information Technology and Quality Improvement practices among Rural Health Clinics. The Technical Assistance will equip Rural Health Clinics with the tools and resources necessary to effectively and efficiently serve their rural populations. This will lead to better Clinical Quality Measure reporting of hypertension and diabetes, and improved disease management. This work aligns with Department of Health and Human Services and legislative objectives because it supports the delivery of quality health care to rural residents and addresses health inequalities related to hypertension and diabetes.

There are 14 Rural Health Clinics that serve New Hampshire's rural population. The current vendor, JSI Research & Training Institute, Inc., dba Community Health Institute completed the 2015 Rural Health Clinic Needs Assessment Report required under the current contract. The report shows that the Rural Health Clinics are involved in quality improvement initiatives, with many initiatives focused on collecting and reporting clinical measures. While there are a few exceptions, management teams and targeted quality improvement teams have been trained, but the Clinic staff is generally not formally trained in quality improvement models and techniques.

Technical assistance needs reported are clinical integration, quality improvement, Rural Health Clinic recertification, practice management, billing, and meaningful use. Eleven of the Rural Health Clinics currently measure National Quality Forum Measure 0018 – Controlling High Blood Pressure as a part of another initiative. The Rural Health Clinics have Office of the National Coordinator certified Electronic Health Records and most participate in the Centers for Medicare and Medicaid Services Meaningful Use initiative. While most of their systems have the capability for Clinical Decision Support, Alerts, Patient Reminders and Patient Registries; they are widely underutilized. While all of the Rural Health Clinics provide training for new staff and update training for existing staff, many Rural Health

Clinics feel under resourced in terms of Health Information Technology support. Identified Rural Health Clinic Health Information Technology needs include shortage of Information Technology staff, more staff education, assistance with data collection and analysis, more resources to support Health Information Technology component of quality initiatives and data reporting. Nearly all of the Rural Health Clinic respondents were interested in participating in the NH Rural Health Clinic Technical Assistance Network to facilitate networking amongst NH Rural Health Clinics. Most Rural Health Clinics, except those with multiple Rural Health Clinics owned by an individual hospital, had very little interaction with other Rural Health Clinics in the state.

JSI Research & Training Institute, Inc., dba Community Health Institute was selected for this project through a competitive bid process.

As referenced in the original Governor and Council letter and in the Exhibit C-1 of the contract, this competitively procured Agreement has the option to extend for two (2) additional year(s), contingent upon mutual agreement of the parties, availability of funding, satisfactory delivery of services, and subsequent approval by the Governor and Executive Council. The Department is exercising this renewal option.

The Department is satisfied with the Vendor's performance to increase utilization of Health Information Technology and Quality Improvement practices among Rural Health Clinics through their completion of the following key performance measures:

- 13 of the 14 Rural Health Clinics are participating in Technical Assistance Network activities
- 4 of the 13 Rural Health Clinics in the Technical Assistance Network are participating in educational sessions
- 3 of the 13 Rural Health Clinics in the Technical Assistance Network are participating in the Quality Improvement Project
- All of the Rural Health Clinics have a certified Electronic Health Record by the Office of the National Coordinator for Health Information Technology

The Contractor will ensure that that the following performance measures are monitored monthly and achieved annually to measure the continued effectiveness of this Agreement. Key performance measures include:

- Proportion of Rural Health Clinics participating in Technical Assistance Network activities
- Proportion of Rural Health Clinics participating in Quality Improvement Action Learning Collaborative for Diabetes Management
- Proportion of Rural Health Clinics participating in Quality Improvement Action Learning Collaborative for Hypertension Control
- Proportion of Rural Health Clinics reporting on National Quality Forum Measure 0018 and National Quality Forum Measure 0059 to state/federal entities

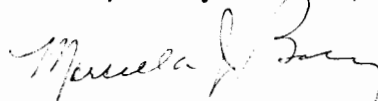
Should Governor and Executive Council not authorize this Request, NH Rural Health Clinics' educational, training and Technical Assistance needs may remain unmet.

Area served: statewide.

Source of Funds: 100% Federal Funds from US Health Resources and Services Administration, Office of Rural Health and Primary Care and the US Centers for Disease Control and Prevention, 1305 Heart Disease and Stroke Grant.

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



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
NH Technical Assistance Network for Rural Health Clinics**

This 1st Amendment to the NH Technical Assistance Network for Rural Health Clinics contract (hereinafter referred to as "Amendment One") dated this 30th day of March, 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 JSI Research and Training Institute, Inc., dba Community Health Services, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on April 22, 2015, Item #19, 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 extend the term of the agreement, 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 June 30, 2018.
2. Amend Form P-37, Block 1.8, to read \$407,000.
3. Delete Exhibit A in its entirety and replace with Exhibit A Amendment #1.
4. Amend Exhibit B to add to paragraph 1:
 - 1.1. The contract shall increase by \$95,000 for SFY 2017 and by \$95,000 for SFY 2018, for a total increase of \$190,000.
 - 1.2. Funding is available as follows:
 - \$130,000 = 100% federal funds from the Centers for Disease Control and Prevention, CFDA #93.757, Federal Award Identification Number (FAIN), 6 NU58DP004821-03-05, \$65,000 in SFY 2017; \$65,000 in SFY 2018.
 - \$60,000 = 100% federal funds from the US Office of Health Resources and Services Administration, CFDA #93.913, Federal Award Identification Number (FAIN), 6 H95RH00149-23-02, \$30,000 in SFY 2017; \$30,000 in SFY 2018.
5. Amend Budget to add:
 - Exhibit B-1 Amendment #1 Budget SFY 2017
 - Exhibit B-1 Amendment #1 Budget SFY 2018

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

4-25-16
Date

Marcella J. Bobinsky
Marcella J. Bobinsky, MPH
Acting Director

JSI Research and Training Institute, Inc., dba Community Health Services

4-8-16
Date

Jonathan Stewart
Name: Jonathan Stewart
Title: Director

Acknowledgement:

State of New Hampshire County of Merrimack on 4/8/2016, 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.

Debra L. Love
Signature of Notary Public or Justice of the Peace

DEBRA L. LOVE, Notary Public
My Commission Expires October 16, 2018

Name and Title of Notary or Justice of the Peace

My Commission Expires: October 16, 2018

New Hampshire Department of Health and Human Services



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.
OFFICE OF THE ATTORNEY GENERAL

5/13/14
Date

[Signature]
Name: Megan A. [Signature]
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

SCOPE OF SERVICES

1. Project Description

- 1.1. The Contractor will provide Technical Assistance to New Hampshire Rural Health Clinics (RHC) to directly benefit rural, low income, uninsured, Medicare and Medicaid New Hampshire populations by equipping RHCs with the tools and resources necessary to effectively and efficiently serve their rural populations. This quality improvement project will increase utilization of Health Information Technology and Quality Improvement practices among RHCs, and will lead to better Clinical Quality Measure reporting and improved disease management.

2. Required Activities

The Contractor shall:

- 2.1. Support an ongoing Technical Assistance Network targeting all certified NH RHCs for communication, learning, and assessment in order to equip them with the tools and resources necessary to effectively and efficiently serve their rural populations.
- 2.2. Determine ongoing Technical Assistance needs of the 14 NH RHCs specific to practice management, RHC recertification process, financial reporting, billing, data collection, reporting, quality improvement, Patient Centered Medical home recognition, hypertension and diabetes management and other needs as determined by the Department of Health and Human Services (DHHS). Methods for collecting this information will be determined in consultation with DHHS. Deliver educational sessions to increase the use of Health Information Technology and monitoring of standardized quality measures for hypertension (HTN) and diabetes (DM) control among NH RHCs.
- 2.3. Technical Assistance Network:
 - 2.3.1. Maintain a mailing list, or other means for all NH RHCs to communicate with each other. Add new RHCs to the network, as appropriate.
 - 2.3.2. Provide an introductory webinar in the first quarter of the second project year, and as needed thereafter, to present the goals of the RHC Technical Assistance Network, an overview of HTN and DM measures, discussion of effective Health Information Technology utilization for measure collection, an introduction of the data collection process and tools, and discussion of the Centers for Medicare and Medicaid Services (CMS) Electronic Health Records Incentive Programs.
 - 2.3.3. At a minimum, offer quarterly educational sessions (in-person, by webinar, and/or by online training) to the RHC Technical Assistance Network. If in-person, the session must be hosted in a central location

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Exhibit A Amendment #1

- 2.3.4. Develop any necessary overview materials (e.g. Electronic Health Records, Health Information Technology, best practices and meaningful use, etc.) to be provided to the RHCs (ongoing).
 - 2.3.5. Determine topic areas from the existing New Hampshire Rural Health Clinic Technical Assistance Network Needs Assessment Report and the 2013 Survey of New Hampshire Rural Health Clinics, from which RHCs can select learning collaboratives and/or sessions to attend.
 - 2.3.6. Implement quarterly RHC satisfaction and engagement surveys to elicit feedback and evaluate overall effectiveness and value.
- 2.4. Clinical Quality Measure Reporting:
- 2.4.1. Assist RHCs to capture HTN and DM prevalence and HTN and DM control measures, in their respective Electronic Health Records, within 60 days of the effective date of contract approval.
 - 2.4.2. Implement the New Hampshire Accountable Care Project Electronic Medical Record Web Reporting Portal for RHCs participating in the technical assistance network so clinical outcome data can be uploaded.
 - 2.4.3. Report National Quality Forum (NQF) 0018 in the NHACP EMR Web Reporting Portal, by clinic, and, within the first 90 days of the project, include NQF 0059 by clinic.
 - 2.4.4. Provide the DHHS with de-identified data (NQF 0018 and NQF 0059), including numerator/denominator and prevalence estimates of HTN and DM.
 - 2.4.5. Maintain an inventory that names who the RHCs report clinical quality measures to at state and/or federal Centers for Medicare and Medicaid Services level and what indicators they report for HTN and DM control, within 90 days of the effective date of contract approval.
 - 2.4.6. Within 90 days of the effective date of contract approval, determine whether RHCs refer patients with diabetes to accredited/recognized diabetes self-management education programs, and if patients with prediabetes are identified and referred to the National Diabetes Prevention Program.
 - 2.4.7. Provide stipends to RHCs to incentivize clinical quality measure reporting.
- 2.5. Quality Improvement Project:
- 2.5.1. Determine needs of RHCs to engage in HTN and DM control Quality Improvement efforts within 60 days of the effective date of contract approval



Exhibit A Amendment #1

- 2.5.2. Continue to provide Quality Improvement action learning collaboratives, co-led by the Citizen's Health Initiative and Institute for Health Policy and Practice, Technical Assistance, and training to RHCs related to HTN and DM control, and incorporate the use of Health Information Technology for Clinical Quality Measure monitoring and reporting. Coordinate at least one Quality Improvement action learning collaborative per year. This may include, but is not limited to:
 - 2.5.2.1. Continue with year 2 Quality Improvement action HTN learning collaborative cohort
 - 2.5.2.2. Start new HTN Quality Improvement action learning collaborative cohort
 - 2.5.2.3. Start new DM Quality Improvement action learning collaborative cohort
- 2.5.3. At a minimum, facilitate quarterly meetings and/or coaching sessions with RHCs as part of the learning collaborative, to implement evidence-based system improvement.
- 2.5.4. As part of the learning collaborative, the contractor will assist RHCs to utilize Plan-Do-Study-Act cycles to implement hypertension and diabetes quality improvement projects. The contractor will report on the goals, measures, and interventions identified by the cycles.
- 2.5.5. Provide stipends to RHCs to incentivize participation in Quality Improvement action learning collaboratives.

3. Work Plan

The Contractor shall:

- 3.1. Work with the DHHS to finalize the year 3 work plan within 30 days of the effective date of the contract amendment.
- 3.2. Draft and submit to the DHHS, the year 4 work plan 90 days prior to the end of year 3.
- 3.3. Ensure that the work plan shall include activities, person(s) responsible, timeline, and target population.

4. Provisions Application to All Services

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

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Exhibit A Amendment #1

5. Reporting Requirements

- 5.1. The Contractor shall submit written progress reports on a semi-annual basis as well as a final report at the end of the contract. The report should outline progress on all deliverables, goals, objectives, and performance measures, and define any issues and barriers with meeting the minimum required services.
- 5.2. Develop and submit to the DHHS quarterly, a corrective action plan for any performance indicator/measure not achieved.
- 5.3. The Contractor shall attend meetings with representatives from the Department of Health and Human Services (DHHS) and, as requested, other state officials to report on program progress and financial accountability.

6. Performance Measures

- 6.1. The Contractor shall ensure that following performance measures are annually achieved, and collected and reported on a quarterly basis to measure the effectiveness of the agreement:
 - 6.1.1. Proportion of RHCs participating in Technical Assistance Network activities
 - 6.1.2. Proportion of RHCs participating in educational sessions
 - 6.1.3. Proportion of RHCs who rate the Technical Assistance Network as providing value
 - 6.1.4. Proportion of RHCs submitting NQF 0018 data NHACP EMR Web Reporting Portal
 - 6.1.5. Proportion of RHCs submitting NQF 0059 to NHACP EMR Web Reporting Portal
 - 6.1.6. Proportion of RHCs participating in Quality Improvement Action Learning Collaborative for DM
 - 6.1.7. Proportion of RHCs participating in Quality Improvement Action Learning Collaborative for HTN
 - 6.1.8. Proportion of RHCs reporting on National Quality Forum (NQF) Measure 0018 and NQF 0059 to state/federal entities
 - 6.1.9. Proportion of adults with known HTN who have achieved HTN control, by clinic (obtain using data collected from the NHACP EMR Web Reporting Portal)
 - 6.1.10. Proportion of adults with known DM who have achieved DM control, by clinic (obtain using data collected from the NHACP EMR Web Reporting Portal)

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Exhibit A Amendment #1

- 6.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

7. Staffing

The Contractor shall:

- 7.1. Maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 7.2. Ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 7.3. Adhere to the Staffing Contingency Plan process of replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement.
- 7.4. Allocate additional resources to the Agreement in the event of inability to meet any performance standard.
- 7.5. Notify the DHHS of replacement staff.

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Exhibit B-1 Amendment #1 Budget (SFY 2017)

New Hampshire Department of Health and Human Services
JSI Research & Training Institute, Inc., d.b.a.
Bidder/Contractor Name: Community Health Institute

NH Technical Assistance Network for Rural
Budget Request for: Health Clinics
(Name of RFP)

Budget Period: SFY 2017

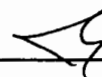
Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 28,237.29	\$ -	\$ 28,237.29	
2. Employee Benefits	\$ 10,730.17	\$ -	\$ 10,730.17	
3. Consultants	\$ 2,600.00	\$ -	\$ 2,600.00	
4. Equipment:	\$ 847.12	\$ -	\$ 847.12	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 600.00	\$ -	\$ 600.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,411.86	\$ -	\$ 1,411.86	
6. Travel	\$ 800.00	\$ -	\$ 800.00	The Indirect Cost Line Item represents a portion of JSI Research & Training
7. Occupancy	\$ 2,823.73	\$ -	\$ 2,823.73	Institute's federal approved
8. Current Expenses	\$ -	\$ -	\$ -	Negotiated Indirect Cost
Telephone	\$ 500.00	\$ -	\$ 500.00	Rate Agreement covering
Postage	\$ -	\$ -	\$ -	Information Systems,
Subscriptions	\$ -	\$ -	\$ -	Accounting, Payroll, Human
Audit and Legal	\$ 833.73	\$ -	\$ 833.73	Resources and
Insurance	\$ 295.76	\$ -	\$ 295.76	Administrative Staff Costs.
Board Expenses	\$ -	\$ -	\$ -	These costs are derived
9. Software	\$ -	\$ -	\$ -	from JSI's NICRA, but can
10. Marketing/Communications	\$ -	\$ -	\$ -	fluctuate under this
11. Staff Education and Training	\$ 564.75	\$ -	\$ 564.75	contract's budget structure
12. Subcontracts/Agreements	\$ 26,000.00	\$ -	\$ 26,000.00	as JSI's Indirect Costs are
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	calculated as a proportion of
Incentives for Rural Health Clinics	\$ 13,108.14	\$ -	\$ 13,108.14	salary/wage only.
Information Systems (30% of ID)	\$ -	\$ 1,694.24	\$ 1,694.24	
HR (20% of ID)	\$ -	\$ 1,129.49	\$ 1,129.49	
Gen Admin (20% of ID)	\$ -	\$ 1,129.49	\$ 1,129.49	
Payroll and Accounting (30% of ID)	\$ -	\$ 1,694.24	\$ 1,694.24	
TOTAL	\$ 89,352.54	\$ 5,647.46	\$ 95,000.00	

Indirect As A Percent of Direct

6.3%

Exhibit B-1 Amendment #1 Budget

Contractor Initials: _____



Page 1 of 1

Date: _____

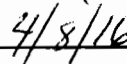


Exhibit B-1 Amendment #1 Budget (SFY 2018)

New Hampshire Department of Health and Human Services
JSI Research & Training Institute, Inc., d.b.a.
Bidder/Contractor Name: Community Health Institute

NH Technical Assistance Network for Rural
Budget Request for: Health Clinics
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 29,059.73	\$ -	\$ 29,059.73	
2. Employee Benefits	\$ 11,042.70	\$ -	\$ 11,042.70	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 871.79	\$ -	\$ 871.79	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 600.00	\$ -	\$ 600.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,452.99	\$ -	\$ 1,452.99	
6. Travel	\$ 800.00	\$ -	\$ 800.00	
7. Occupancy	\$ 2,905.97	\$ -	\$ 2,905.97	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 500.00	\$ -	\$ 500.00	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 581.19	\$ -	\$ 581.19	
Insurance	\$ 581.19	\$ -	\$ 581.19	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 581.19	\$ -	\$ 581.19	
12. Subcontracts/Agreements	\$ 27,100.00	\$ -	\$ 27,100.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Incentives for Rural Health Clinics	\$ 13,111.29		\$ 13,111.29	
Information Systems (30% of ID)	\$ -	\$ 1,743.58	\$ 1,743.58	
HR (20% of ID)	\$ -	\$ 1,162.39	\$ 1,162.39	
Gen Admin (20% of ID)	\$ -	\$ 1,162.39	\$ 1,162.39	
Payroll and Accounting (30% of ID)	\$ -	\$ 1,743.58	\$ 1,743.58	
TOTAL	\$ 89,188.05	\$ 5,811.95	\$ 95,000.00	

The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal approved Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated as a proportion of salary/wage only.

Indirect As A Percent of Direct 6.5%

Exhibit B-1 Amendment #1 Budget

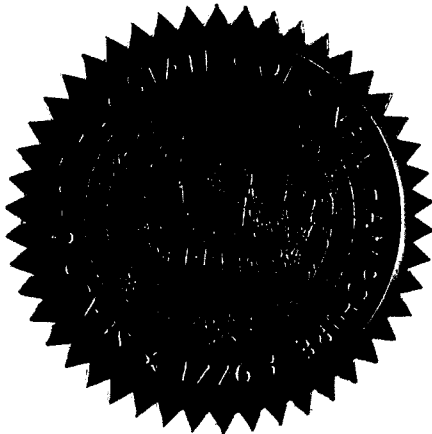
Contractor Initials:

Date: 4/8/16

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 COMMUNITY HEALTH INSTITUTE is a New Hampshire trade name registered on April 12, 2016 and that JSI Research & Training Institute, Inc. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 21st day of April, A.D. 2016

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

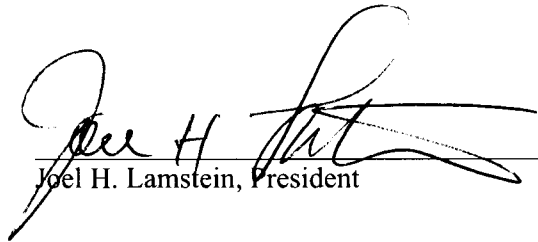
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;
2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2008 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated October 24, 2008;

RESOLVED: Appointment of Jonathan Stewart as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 8, 2016.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 8th day of April 2016.

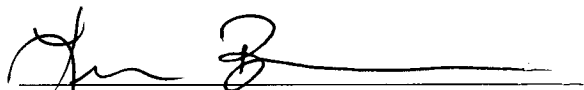


Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 8th day of April, 2016 by Joel H. Lamstein.



Notary Public/Justice of the Peace

My Commission Expires: _____

LISA M. BRYSON, Notary Public

~~My Commission Expires September 3, 2019~~



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2015

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).

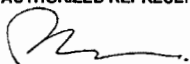
PRODUCER Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	CONTACT NAME: Judy Yeary	
	PHONE (A/C, No, Ext): (781) 447-5531	FAX (A/C, No): (781) 447-7230
E-MAIL ADDRESS: info@masoninsure.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Federal Insurance Company		20281
INSURER B: Executive Risk Indemnity		35181
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		35873320	09/09/2015	09/09/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		73546634	09/09/2015	09/09/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		79861066	09/09/2015	09/09/2016	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
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 <input type="checkbox"/> N/A	71733182	09/09/2015	09/09/2016	<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	ERRORS & OMISSIONS		82120859	09/09/2015	09/09/2016	EACH OCC/GEN AGG 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
It is understood and agreed that NH Department of Health and Human Services is included as an additional insured as respects general liability as required by written contract per the terms and onditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
NH Department of Health and Human Services 129 Pleasant Street Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

JSI Research and Training

Mission Statement

JSI Research and Training Institute was incorporated in 1987 as a 501©3 non-profit organization in the Commonwealth of Massachusetts. Our mission is to alleviate public health problems both in the United States and in developing countries around the world through applied research, technical assistance and training. JSI maintains offices in Boston, Massachusetts; Washington, D.C.; Denver, Colorado and Concord, New Hampshire; as well as seven overseas offices in developing nations. Since its inception, JSI has successfully completed more than 400 contracts in the health and human service fields.

Community Health Institute

Mission Statement

The Community Health Institute's mission is to support and strengthen New Hampshire's health care system by providing coordinated information dissemination and technical assistance resources to health care providers, managers, planners, and policy makers, statewide. Our success translates into improved access to quality health and social services for all New Hampshire residents.

**JSI RESEARCH AND TRAINING INSTITUTE, INC.
AND
AFFILIATE**

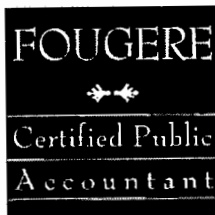
**Audited Consolidated Financial Statements and Reports
Required by Government Auditing Standards and OMB Circular A-133**

September 30, 2014

**JSI Research and Training Institute, Inc. and Affiliate
September 30, 2014**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
JSI Research and Training Institute, Inc. and Affiliate

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 2014, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these 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 these 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 of 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 the auditor's 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, the auditor considers internal control relevant to the entity'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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the 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 financial position of JSI Research and Training Institute, Inc. and Affiliate as of September 30, 2014, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

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, as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis 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 information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

Report on Summarized Comparative Information

We have previously audited the JSI Research and Training Institute, Inc. and Affiliate consolidated financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated March 17, 2014. In our opinion, the summarized consolidated comparative information presented herein as of and for the year ended September 30, 2013 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated February 12, 2015, on our consideration of JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and on our tests of their 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 the 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 JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and compliance.

A handwritten signature in black ink, reading "Norman R. Ferguson CPA". The signature is written in a cursive style with a large, stylized initial "N".

Duxbury, Massachusetts
February 12, 2015

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
September 30, 2014
(With Comparative Totals for 2013)

	2014	2013
ASSETS		
Current Assets:		
Cash and cash equivalents	\$ 29,466,831	\$ 40,491,257
Receivables for program work	12,193,072	5,530,251
Loans receivable	425,470	330,711
Field advances - program	2,612,580	2,855,789
Employee advances	221,271	181,854
Prepaid expenses	3,700	3,864
Total Current Assets	44,922,924	49,393,726
Property and Equipment:		
Furniture and equipment	625,913	625,102
Leasehold improvements	30,355	30,355
	656,268	655,457
Less: Accumulated depreciation	(603,262)	(585,250)
Net Property and Equipment	53,006	70,207
Other Assets	83,336	80,198
TOTAL ASSETS	\$ 45,059,266	\$ 49,544,131
 LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 5,026,325	\$ 4,013,743
Accrued vacation	1,563,950	1,456,613
Advances for program work	14,217,480	24,753,370
Loans payable	-	-
Notes payable	-	-
Contingencies	-	-
Total Current Liabilities	20,807,755	30,223,726
Net Assets:		
Unrestricted	24,246,511	19,315,405
Temporarily restricted	5,000	5,000
Total Net Assets	24,251,511	19,320,405
TOTAL LIABILITIES AND NET ASSETS	\$ 45,059,266	\$ 49,544,131

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF ACTIVITIES
Year Ended September 30, 2014
(With Comparative Totals for 2013)

	2014	2013
UNRESTRICTED NET ASSETS:		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 173,962,790	\$ 151,661,231
Commonwealth of Massachusetts	5,842,551	5,293,338
Other grants and contracts	44,450,878	40,181,675
Program income	95,478	125,762
Contributions	2,061,708	261,260
In kind project contributions	7,244,720	10,537,825
Interest income	12,236	47,775
Total Unrestricted Support and Revenue	233,670,361	208,108,866
 Expenses		
Program Services:		
International programs	190,033,358	171,082,230
Domestic programs	14,255,597	12,226,257
Total Program Services	204,288,955	183,308,487
Supporting Services:		
Management and General	24,224,914	21,788,613
Fundraising	225,386	219,210
Total Supporting Services	24,450,300	22,007,823
Total Expenses	228,739,255	205,316,310
 Increase (Decrease) in Unrestricted Net Assets	 4,931,106	 2,792,556
 Net Assets at Beginning of Year	 19,320,405	 16,527,849
 Net Assets at End of Year	 \$ 24,251,511	 \$ 19,320,405

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
Year Ended September 30, 2014
(With Comparative Totals for 2013)

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTAL EXPENSES	
	International Programs	Domestic Programs	Total	Management And General	Fundraising	Total	2014	2013
Salaries	\$ 20,457,182	\$ 6,609,295	\$ 27,066,477	\$ 5,705,147	\$ 150,040	\$ 5,855,187	\$ 32,921,664	\$ 29,361,382
Consultants	11,720,327	3,862,158	15,582,485	666,153	29,400	695,553	16,278,038	15,167,039
Cooperating National Salaries	29,311,608	-	29,311,608	532,134	-	532,134	29,843,742	25,610,137
Travel	11,824,448	558,707	12,383,155	604,462	127	604,589	12,987,744	11,206,790
Allowance & Training	7,576,320	2,165	7,578,485	218,327	-	218,327	7,796,812	6,290,231
Sub-contracts	47,859,375	1,805,034	49,664,409	-	-	-	49,664,409	39,388,618
Equipment, Material and Supplies	5,458,019	31,814	5,489,833	187,477	80	187,557	5,677,390	4,794,885
Other Costs	48,581,359	1,386,424	49,967,783	16,293,202	45,739	16,338,941	66,306,724	62,947,371
In-kind project expenses	7,244,720	-	7,244,720	-	-	-	7,244,720	10,537,825
Depreciation	-	-	-	18,012	-	18,012	18,012	12,032
TOTAL EXPENSE	\$ 190,033,358	\$ 14,255,597	\$ 204,288,955	\$ 24,224,914	\$ 225,386	\$ 24,450,300	\$ 228,739,255	\$ 205,316,310

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF CASH FLOWS
Year Ended September 30, 2014
(With Comparative Totals for 2013)

	2014	2013
Cash Flows From Operating Activities:		
Increase (Decrease) in net assets	\$ 4,931,106	\$ 2,792,556
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	18,012	12,032
(Increase) Decrease in receivables for program work	(6,662,821)	(2,979,106)
(Increase) Decrease in loans receivable	(94,759)	(330,711)
(Increase) Decrease in field advances - program	243,209	(706,652)
(Increase) Decrease in employee advances	(39,417)	3,766
(Increase) Decrease in prepaid expenses	164	-
(Increase) Decrease in other assets - deposits	(3,138)	762
Increase (Decrease) in accounts payable and payroll withholdings	1,012,582	1,203,439
Increase (Decrease) in accrued vacation	107,337	93,070
Increase (Decrease) in advances for program work	<u>(10,535,890)</u>	<u>2,883,650</u>
Net Cash Provided (Used) By Operating Activities	(11,023,615)	2,972,806
Cash Flows From Investing Activities:		
Acquisition of property and equipment	<u>(811)</u>	<u>(34,047)</u>
Net Cash Provided (Used) By Investing Activities	(811)	(34,047)
Cash Flows From Financing Activities:		
Proceeds from loans payable	4,046,996	2,910,553
Payments of loans payable	<u>(4,046,996)</u>	<u>(3,395,271)</u>
Net Cash Provided (Used) By Financing Activities	<u>-</u>	<u>(484,718)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(11,024,426)	2,454,041
Cash and Cash Equivalents at Beginning of Year	<u>40,491,257</u>	<u>38,037,216</u>
Cash and Cash Equivalents at End of Year	<u>\$ 29,466,831</u>	<u>\$ 40,491,257</u>

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (Affiliate) with such powers as are typically accorded to a sole member including the power of appointment and removal of the World Education, Inc. board of trustees, the right to approve amendments to the bylaws and certificate of incorporation of World Education, Inc., and the right to approve any merger, consolidation, dissolution or transfer of substantial assets of World Education, Inc.

JSI Research and Training Institute, Inc. was incorporated in the Commonwealth of Massachusetts on April 11, 1979. JSI Research and Training Institute, Inc. provides education and research primarily to non-profit health and human service agencies both in the United States and abroad. Current funding is principally from the United States Agency for International Development and the United States Department of Health and Human Services (HHS).

World Education, Inc. (Affiliate) was founded in 1951 and incorporated in the state of New Jersey. Working in partnership with community, national, and international agencies in Asia, Africa, and the United States, it provides professional assistance in the design and implementation of non-formal adult education programs. These programs integrate functional education with relevant problem-solving aspects of individual growth and national development such as health, nutrition, family planning, childcare, refugee education, agricultural practices, literacy, and income generation.

JSI Research and Training Institute, Inc. and its affiliate are tax exempt organizations under 501 (c) (3) of the Internal Revenue Code and file separate unconsolidated tax returns.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The consolidated financial statements include the accounts of JSI Research and Training Institute, Inc. and World Education, Inc., its affiliate, (collectively referred to as the Organization). Significant intra-entity accounts and transactions have been eliminated in consolidation.

Basis of Accounting

The consolidated financial statements of the Organization have been prepared utilizing the accrual basis of accounting and include the accounts of JSI Research and Training Institute, Inc. and its affiliate in conformity with accounting principles generally accepted in the United States of America.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Use of Estimates

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

Fair Value

The Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of its assets and liabilities. When available, the Organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Cash and Cash Equivalents

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities (marketable investments) are measured at fair values based on quoted market prices in the consolidated statement of financial position. Unrealized gains and losses are included in the statement of activities.

Property and Equipment

Property and equipment is reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$1,500 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (5 - 7 years) of the related assets.

Revenue Recognition

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier. Revenue from cost reimbursement contracts and grants is recorded as the related expenditures are incurred.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions are reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of the time restriction. Temporarily restricted support, whose restrictions are met in the same reporting period, is shown as unrestricted support.

Donated Materials and Services

Donated materials and services are recorded as in kind project contributions at their estimated fair market value as of the date of receipt and as an expense in the accompanying consolidated statement of activities. Donated services are recognized if the services received create or enhance non-financial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation as described in Section 509. Accordingly, no provision for income taxes is included in the accompanying consolidated financial statements.

The Organization has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. The Organization has filed all of its known and required returns in a timely manner including as permitted allowed extensions. Following administrative practice of the taxing authorities, the tax years 2011, 2012 and 2013, remain open years subject to examination and review.

JSI Research and Training Institute, Inc. and World Education, Inc. (Affiliate) file separate unconsolidated tax returns. JSI Research and Training Institute, Inc. files tax returns based on a September 30th year end and its affiliate files tax returns based on a June 30th year end.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Financial Statement Presentation

In accordance with accounting principles generally accepted in the United States of America, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based upon the existence or absence of donor imposed restrictions. For the

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

year ended September 30, 2014 there was no activity in temporarily restricted or permanently restricted net assets.

NOTE 3 – CONCENTRATION OF CREDIT RISK

The Organization maintains demand deposits and money market funds at financial institutions. At times, certain balances held in these accounts may not be fully guaranteed by the United States Government. The uninsured portions of cash and money market accounts are backed solely by the assets of the financial institution. Therefore, the failure of a financial institution could result in a financial loss to the Organization. However, the Organization has not experienced losses on these accounts in the past and management believes the risk of loss, if any, to be minimal.

NOTE 4 – INVESTMENTS

Fair Value

In accordance with accounting principles generally accepted in the United States of America, the Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The three levels of the fair value hierarchy are as follows:

- Level 1 – Observable inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.
- Level 2 – Inputs other than quoted prices in active markets that are observable for the asset either directly or indirectly, including inputs from markets that are not considered to be active.
- Level 3 – Unobservable inputs which reflect the Organization's assessment of the assumptions that market participants would use in pricing the asset or liability including assumptions about risk.

A qualifying asset or liability's level within the framework is based upon the lowest level of any input that is significant to the fair value measurement.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 4 – INVESTMENTS - continued

The following is a summary of fair values of investments which are measured on a recurring basis using Level 1 inputs as recorded in the Consolidated Statement of Financial Position at September 30, 2014:

Current assets:	
Cash and cash equivalents (invested)	<u>\$ 14,500,645</u>
	<u>\$ 14,500,645</u>

No assets or liabilities were measured at Level 2 or Level 3.

The following schedule summarizes the investment return and its classification in the Consolidated Statement of Activities for the year ended September 30, 2014:

	<u>Unrestricted</u>
Interest income	<u>\$ 12,236</u>
Total investment return	<u>\$ 12,236</u>

NOTE 5 – RECEIVABLES FOR PROGRAM WORK

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for doubtful accounts at September 30, 2014 was \$0.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 5 – RECEIVABLES FOR PROGRAM WORK - continued

Receivables for program work consist of the following at September 30, 2014:

U.S. Agency for International Development	\$ 7,422,214
U.S. Department of Health and Human Services	379,820
U.S. Department of State	215,127
U.S. Department of Labor	61,542
U.S. Department of Education	8,756
Commonwealth of Massachusetts	295,121
Other - non-governmental	<u>3,810,492</u>
	<u>\$ 12,193,072</u>

NOTE 6 – LOANS RECEIVABLE

Loans receivable consist of various unsecured short-term loans, due on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans receivable balance at September 30, 2014 is \$425,470.

NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

Property and equipment and accumulated depreciation account balances are as follows:

	Cost	Accumulated Depreciation	Net
Furniture and equipment	\$ 625,913	\$ (574,806)	\$ 51,107
Leasehold Improvements	<u>30,355</u>	<u>(28,456)</u>	<u>1,899</u>
	<u>\$ 656,268</u>	<u>\$ (603,262)</u>	<u>\$ 53,006</u>

Depreciation expense was \$18,012 for the year ended September 30, 2014.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 8 – OTHER ASSETS

Other assets consist of the following at September 30, 2014:

Deposits	\$ 46,391
Artwork - donated	<u>36,945</u>
	<u>\$ 83,336</u>

NOTE 9 – ACCRUED VACATION

In accordance with formal policies, vacation was accrued at September 30, 2014 as follows:

JSI Research and Training Institute, Inc.	\$ 1,262,970
World Education, Inc. (Affiliate)	<u>300,980</u>
	<u>\$ 1,563,950</u>

NOTE 10 – ADVANCES FOR PROGRAM WORK

Advances for program work consist of the following at September 30, 2013:

Other - non-governmental	<u>\$ 14,217,480</u>
	<u>\$ 14,217,480</u>

NOTE 11 – LOANS PAYABLE

Loans payable consist of various unsecured short-term loans, payable on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans payable balance at September 30, 2014 is \$0.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 12 – NOTES PAYABLE

Citizens Bank

World Education, Inc. (Affiliate) has a revolving line of credit established February 3, 2004 with Citizens Bank of Massachusetts with a borrowing limit of up to \$500,000. The revolving line of credit was renewed on April 1, 2014. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until December 31, 2014 and annually thereafter contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during the year and as a result, as of September 30, 2014, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2014.

John Snow, Inc.

World Education, Inc. (Affiliate) has an unsecured revolving line of credit established September 1, 2007 with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2013. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2016. The loan is not collateralized. No funds were borrowed during the year and as a result, as of September 30, 2014, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2014. (See NOTE 17)

NOTE 13 – CONTINGENCIES

In accordance with the terms of its federal and state grants and contracts, the records of the Organization are subject to audit. The Organization is, therefore, contingently liable for any disallowed costs. Management believes that any adjustment, which might result from such an audit, would be immaterial.

JSI Research and Training Institute, Inc. is a co-borrower of a demand loan with no balance due at September 30, 2014. Management believes that the co-borrower is current on the loan and that its collateral exceeds the balance due. (See NOTE 17)

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS

At September 30, 2014, the Welthy Fisher Fund of World Education, Inc. is the beneficiary of an irrevocable life income trust agreement. Under the terms of the agreement, the donor will receive either a fixed percentage of the initial fair market value of the gift or the actual income earned by the trust. Upon the death of the donor, the funds are released to World Education, Inc. for its unrestricted use.

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2014. The temporarily restricted net assets balance at September 30, 2014 is \$5,000.

NOTE 15 – SURPLUS REVENUE RETENTION

In accordance with the Massachusetts Division of Purchased Services (DPS) Regulation, 808 CMR 1.19 (3), a nonprofit provider of services is allowed to retain a portion of its excess of support and revenue over expenses in a fiscal year (the “surplus”). A nonprofit provider may retain as its surplus up to 5% of its total revenue from Commonwealth of Massachusetts purchasing agencies during any fiscal year. In addition, a nonprofit provider may retain a cumulative amount of surplus over a period of years not to exceed 20% of the prior year’s total support and revenue from Commonwealth of Massachusetts purchasing agencies and the cumulative surplus must be segregated as surplus retention net assets. A current year surplus which exceeds the 5% level or a cumulative surplus exceeding the 20% amount may be: 1) reinvested in program services as stipulated by the purchasing agencies; 2) recouped or; 3) used by the Commonwealth to reduce the price of future contracts.

The following summarizes the Company’s calculation of the surplus for fiscal year 2014 and on a cumulative basis:

	Commonwealth Surplus Retention Net Assets	Other Net Assets	Total Net Assets
Beginning of Year	\$ 647,090	\$ 18,673,315	\$ 19,320,405
Current Year	<u>172,416</u>	<u>4,758,690</u>	<u>4,931,106</u>
End of Year	<u>\$ 819,506</u>	<u>\$ 23,432,005</u>	<u>\$ 24,251,511</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 16 – COMMONWEALTH OF MASSACHUSETTS

The following is a schedule of expenditures with the Commonwealth of Massachusetts:

Accrued (deferred) Revenue at October 1, 2013	\$ 827,417
Receipts	(6,374,847)
Disbursements/expenditures	<u>5,842,551</u>
Accrued (deferred) Revenue at September 30, 2014	<u>\$ 295,121</u>

NOTE 17 – RELATED PARTY TRANSACTIONS

John Snow, Inc.

JSI Research and Training Institute, Inc. (an exempt organization) and John Snow, Inc. (a non-exempt corporation) purchase consulting services from each other. Mr. Joel Lamstein is President and Director of both organizations, and is the sole stockholder of John Snow, Inc. The two companies bill each other at the same rates that they bill the federal and state governments. During the year ended September 30, 2014, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$18,635,515 for consulting services (technical support). This amount is reflected under the program services-consulting line item (\$11,424,234) and program services – other costs line item (\$7,211,281) on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$8,962,419.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2014, JSI Research and Training Institute, Inc. incurred \$18,024,907 of overhead expenses (supporting services), of which \$5,162,195 was its share of John Snow, Inc. incurred costs.

JSI Research and Training Institute, Inc. is a co-borrower with John Snow, Inc. on a commercial demand loan-revolving line of credit with an expiration date of February 28, 2015, which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of JSI Research and Training Institute, Inc. and John Snow, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus two percent (2.00%) payable monthly in arrears, which at September 30, 2014 was 2.234%. At September 30, 2014, a balance of \$0 was outstanding on the loan. Management believes the loan payable will be extended, when due, under similar terms and conditions.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 17 – RELATED PARTY TRANSACTIONS – continued

John Snow, Inc. - continued

During the year, the Company had various loans receivable due from, and various loans payable due to John Snow, Inc. At September 30, 2014, the loan receivable balance is \$425,479 and the loan payable balance is \$0.

World Education, Inc. (Affiliate) has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as deemed necessary by World Education, Inc.'s Board of Trustees. Transactions with John Snow, Inc. for the year ended September 30, 2014 are summarized as follows:

Administrative and technical support	\$ 343,644
Other direct charges (including rent of \$694,897)	<u>932,966</u>
	<u>\$ 1,276,610</u>

The agreement is on a year-to-year basis and can be terminated by either party upon ninety days written notice to the other.

World Education, Inc. provided services to John Snow, Inc. during the year ended September 30, 2014 totaling \$256,252 and was recorded as revenue in the consolidated statement of activities.

World Education, Inc. has an unsecured line of credit with John Snow, Inc. with a borrowing limit of up to \$1,000,000. (See Footnote 12)

Partnership for Supply Chain Management, Inc.

Partnership for Supply Chain Management, Inc. (PSCM) (an exempt organization) was incorporated on February 14, 2005 by JSI Research and Training Institute, Inc. and Management Sciences for Health, Inc.

PSCM has been awarded a U.S. government contract to procure and deliver life-saving medicines and medical supplies to treat HIV/AIDS patients worldwide. The contract for the Supply Chain Management System project was awarded through the U.S. Agency for the International Development as part of the U.S. government's \$15 billion President's Emergency Plan for AIDS Relief.

Mr. Joel Lamstein, President and Director of JSI Research and Training Institute, Inc., is President and Director of PSCM.

During the year ended September 30, 2014, JSI Research and Training Institute, Inc. billed PSCM \$55,743,613 for services performed.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 17 – RELATED PARTY TRANSACTIONS – continued

Partnership for Supply Chain Management, Inc. - continued

During the year ended September 30, 2014, PSCM made an unrestricted contribution of \$2,000,000 to the Company.

Other

The Organization has an agreement with a certain related company to purchase services. Transactions with this company were charged to sub-contracts expense and are as follows:

The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	<u>\$ 1,226,711</u>
	<u>\$ 1,226,711</u>

NOTE 18 – RETIREMENT PLANS

JSI Research and Training Institute, Inc. has a defined contribution profit sharing/401(K) plan covering substantially all its employees. Employee contributions are voluntary. Employer contributions are based on a percentage (10% - 15% depending on length of service) of salary. The Plan was effective April 11, 1979. Pension expense was \$2,566,460 for the year ended September 30, 2014.

World Education, Inc. (Affiliate) provides retirement benefits to substantially all employees under a plan. World Education, Inc.'s contributions of 7 percent of employee salaries are used to purchase individual annuities. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$331,738 in the year ended September 30, 2014.

NOTE 19 – COMMITMENTS

Operating Leases

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2014 through 2018. The leases contain renewal options for periods of up to 5 years.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 19 – COMMITMENTS - continued

Operating Leases - continued

During the year ended September 30, 2014, rentals under long-term lease obligations were \$527,209. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2014 are:

Year Ended September 30,		
2015	\$	469,786
2016		384,243
2017		258,901
2018		170,468
Thereafter		-
	\$	1,283,398

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2014 was \$694,897.

NOTE 20 – CONCENTRATION OF FUNDING

The Organization receives a majority of its funding through contracts and grants with various departments and agencies of the Federal government.

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2014:

	Income Received	% of Total Income
U.S. Agency for International Development	\$ 108,805,271	46.56%
Partnership for Supply Chain Management, Inc.	55,743,613	23.86%
	\$ 164,548,884	70.42%

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 21 – IN KIND PROJECT CONTRIBUTIONS

The Organization receives donated materials and services consisting of commodities, facilities and equipment, and services for use in its programs from overseas collaborative private voluntary organizations and from foundations providing grants directly to a project. Donated materials and services totaled \$7,244,720 for the year ended September 30, 2014, and are reflected as In Kind Project Contributions on the Consolidated Statement of Activities and In Kind Project Expenses on the Consolidated Statement of Functional Expenses.

These contributions satisfy part of the matching requirements needed to obtain full funding on certain U.S. Agency for International Development grants. During the year ended September 30, 2014, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36521	Uganda STAR-EC	\$ 3,323,453
36528	Nigeria Tship	(10)
36620	Africa FHI NID	195,684
36662	Madagascar CBIHP	3,040,202
36883	Social ACO's	33,672
36895	Mozambique M-SIP	820
63068	Benin	340
63092	Mali/Walaikim	123,802
63101	Senegal/Journalism	62,274
63104	AED/Senegal/PGP	27,028
63114	Uganda	88,079
64024	Tanzania	180,756
64026	Uganda	116
64057	Zimbabwe	<u>168,504</u>
		<u>\$ 7,244,720</u>

NOTE 22 – SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through February 12, 2015, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.

Supplementary Information

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			
Direct Grants:			
36359 - Nepal Family Health Program II	367-A-00-08-00001-00	98.001	\$ (1,051)
36514 - Liberia RBHS	669-A-00-09-00001-00	98.001	8,626,055
36521 - Uganda HIV/AIDS/TB	617-A-00-09-00007-00	98.001	8,647,008
36528 - Nigeria TSHIP	620-A-00-09-00014-00	98.001	16,701,004
36529 - Ghana Focus	641-A-00-09-00030-00	98.001	3,317,858
36532 - Turkmenistan YC	120-A-00-09-00029-00	98.001	277,655
36648 - Pakistan TAUH	391-A-00-11-01214-00	98.001	(22,171)
36662 - Madagascar CBIHP	687-A-00-11-00013-00	98.001	8,601,160
36697 - SPRING	AID-OAA-A-11-00031	98.001	15,677,524
36702 - Nepal CHX Cord Care	AID-OAA-A-11-00073	98.001	491,614
36747 - Ukraine HWUP	AID-121-A-11-00003	98.001	1,561,345
36800 - Advancing Partners	AID-OAA-A-12-00047	98.001	15,640,709
36807 - Live Learn & Play	AID-OAA-L-12-00003	98.001	140,027
36845 - Pakistan HSSP	AID-391-A-13-00002	98.001	3,413,097
36895 - Mozambique M-SIP	AID-656-A-13-00006	98.001	1,028,594
36932 - Senegal LLP	AID-685-A-14-00001	98.001	269,622
36991 - AIDSFREE	AID-OAA-A-14-00046	98.001	172,613
Total Direct Grants			<u>84,542,663</u>
Pass-through Grants:			
Passed through Partnership for Supply Chain Management, Inc. (PSCM):			
36344/36524 - Supply Chain Management System	GPO-I-00-05-00032-00	98.001	53,204,470
Passed through World Education:			
36591 - Tanzania OVC	621-A-00-10-00024-00	98.001	23,975
36840 - Zimbabwe - Vanc. Bantwana	64053-0556-1001	98.001	246,231
Passed through Family Health International (FHI):			
36620 - Africa FHI Neglected Tropical Disease	OAA-A-10-00050	98.001	329,480
Passed through International Business Initiatives, Corporation (IBI):			
36826 - Liberia Governance and Economic Management Support Program	669-C-00-11-00050-00	98.001	186,595
Total Pass-through Grants			<u>53,990,751</u>
Total - CFDA #98.001 - USAID Foreign Assistance for Programs Overseas			<u>138,533,414</u>
Sub-Total			<u>138,533,414</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT - CONTINUED			
Sub-Total from previous page			\$ 138,533,414
Direct Grant:			
36098 - Pakistan MNH Prog. Paiman	391-A-00-05-01037-00	98.004	(55,253)
Total - CFDA #98.004 - Non-Governmental Organization Strengthening (NGO)			<u>(55,253)</u>
TOTAL - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			<u>\$ 138,478,161</u>
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Pass-through Grants:			
Passed through NACCHO:			
36689 - NH MRC Conferences	2011-041218	93.008	\$ 1
36773 - NH MRC Conferences	2012-041010	93.008	6,411
Total CFDA #93.008 - Medical Reserve Corps Small Grant Program			<u>6,412</u>
Direct Grant:			
36612 - Project HOPE	MPPWH100030	93.015	23,967
Total CFDA #93.015 - HIV Prevention Programs For Women			<u>23,967</u>
Pass-through Grant:			
Passed through State of New Hampshire:			
36741 - Injury Prevention	1022534	93.043	103
Total CFDA #93.043 - Special Programs for the Aging - Title VII, Chapter 2			<u>103</u>
Pass-through Grant:			
Passed through Harvard School of Public Health:			
36936 - HSPH Evaluation	Agreement @ 2-21-14	93.061	1,760
Total CFDA #93.061 - Innovations in Applied Public Health Research			<u>1,760</u>
Sub-Total			<u>32,242</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 32,242
Direct Grants:			
36537 - CDC - Botswana IS	5U2GPS001958-04	93.067	22,776
36538 - CDC - Botswana IS	5U2GPS001958-05	93.067	150,095
36901 - CDC - Strategic Assessments for Strategic Action in India	1U2GGH001132-01	93.067	<u>450,567</u>
Total CFDA #93.067 - Global AIDS			<u>623,438</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.069	83,077
36880 - Public Health Program Services Support	PO# 1031592	93.069	16,571
Passed through Goodwin Community Health:			
36943 - Strafford Cty Data	Agreement @ 3-14-14	93.069	<u>3,977</u>
Total CFDA #93.069 - Public Health Emergency Preparedness			<u>103,625</u>
Pass-through Grants:			
Passed through State of Vermont:			
36847 - Asthma Control Program	23940	93.070	38,653
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.070	28,887
36880 - Public Health Program Services Support	PO# 1031592	93.070	<u>2,607</u>
Total CFDA #93.070 - Environmental Public Health and Emergency Response			<u>70,147</u>
Pass-through Grants:			
Passed through Puerto Rico Academy of Medical Directors, Inc.:			
36871 - Cuidate TDF Training	Agreement @ 7-2-13	93.092	7,898
36948 - Cuidate TDF Training	Agreement @ 4-1-14	93.092	<u>5,441</u>
Total CFDA #93.092 - Affordable Care Act Personal Responsibility Education Program			<u>13,339</u>
Pass-through Grant:			
Passed through State of Vermont:			
36959 - Wise Woman Evaluation	26288	93.094	\$ <u>11,505</u>
Total CFDA #93.094 - Well-Integrated Screening and Evaluation for Women Across the Nation			<u>11,505</u>
Sub-Total			<u>854,296</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 854,296
Pass-through Grants:			
Passed through State of New Hampshire:			
36501 - Epidemiology/Public Health Data	3160295	93.110	268
36879 - Public Health Program Services Support	PO# 1031592	93.110	33,114
36880 - Public Health Program Services Support	PO# 1031592	93.110	3,879
Total CFDA #93.110 - Maternal and Child Health Federal Consolidated Programs			37,261
Pass-through Grant:			
Passed through State of Vermont:			
36877 - VT ORHPC TA	24572	93.130	688
Total CFDA #93.130 - Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices			688
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.136	32,268
Total CFDA #93.136 - Injury Prevention and Control Research and State and Community Based Programs			32,268
Pass-through Grants:			
Passed through Health Research, Inc.:			
36886 - National Quality Center Evaluation Activities	4538-02	93.145	182,549
36989 - National Quality Center Evaluation Consultation Services	4538-03	93.145	17,466
Direct Grant:			
36904 - Ryan White ACE	UF2HA26520	93.145	1,880,060
Total CFDA #93.145 - AIDS Education and Training Centers			2,080,075
Sub-Total			3,004,588

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 3,004,588
Pass-through Grants:			
Passed through Action for Boston Community Development, Inc.:			
36834 - FamPlan Data Systems		93.217	17,042
36935 - FamPlan Data Systems		93.217	25,078
Passed through State of New Hampshire:			
36834 - FamPlan Data Systems	PO# 1031566	93.217	4,748
36935 - FamPlan Data Systems	PO# 1039867	93.217	2,550
Passed through State of Rhode Island:			
36834 - FamPlan Data Systems	PO# 3307663	93.217	15,556
36935 - FamPlan Data Systems	PO# 3307663	93.217	9,766
Passed through Planned Parenthood of Southern New England:			
36834 - FamPlan Data Systems		93.217	22,280
36935 - FamPlan Data Systems		93.217	32,785
Passed through Planned Parenthood of Northern New England:			
36834 - FamPlan Data Systems		93.217	10,160
36935 - FamPlan Data Systems		93.217	14,951
Passed through Health Imperatives, Inc.:			
36834 - FamPlan Data Systems		93.217	7,195
36935 - FamPlan Data Systems		93.217	10,588
Passed through Planned Parenthood League of Massachusetts:			
36834 - FamPlan Data Systems		93.217	2,643
36935 - FamPlan Data Systems		93.217	3,889
Passed through Health Quarters, Inc.:			
36834 - FamPlan Data Systems		93.217	5,124
36935 - FamPlan Data Systems		93.217	7,540
Passed through Tapestry Health Systems:			
36834 - FamPlan Data Systems		93.217	5,187
36935 - FamPlan Data Systems		93.217	7,633
Passed through Family Planning Association of Maine:			
36834 - FamPlan Data Systems		93.217	13,598
36935 - FamPlan Data Systems		93.217	20,011
Total CFDA #93.217 - Family Planning Services			<u>238,324</u>

Sub-Total

3,242,912

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 3,242,912
Pass-through Grants:			
Passed through First Nations Community Healthsource:			
36856 - Readiness Assessment	Agreement @ 5-3-13	93.224	4,937
37000 - NCQA PCMH Recognition Technical Assistance	Agreement @ 6-13-14	93.224	531
Total CFDA #93.224 - Consolidated Health Centers			5,468
Pass-through Grants:			
Passed through State of New Hampshire:			
36875 - NH Center for Excellence - Drug and Alcohol	1025785	93.243	288,727
Passed through County of Cheshire, New Hampshire:			
36889 - Drug Court Program	Agreement @ 8-19-13	93.243	48,054
Passed through Institute for Health & Recovery:			
36619 - IHR - RENW Eval	Agreement @ 10-27-10	93.243	23,127
Passed through Action for Boston Community Development, Inc.:			
36806 - Entre Nosotras II	Agreement @ 12-2-12	93.243	823
36903 - Entre Nosotras FY14	Agreement @ 10-19-13	93.243	20,151
36913 - ABCD SIS Evaluation	PO# 71039	93.243	6,890
Passed through City of Dover, New Hampshire:			
36837 - Dover STOP Act Grant Evaluation	PO# 201307604	93.243	2,262
Passed through Buildings Bright Futures State Advisory Council, Inc:			
36850 - Vermont L.A.U.N.C.H. Project	13/7	93.243	69,803
Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance			459,837
Pass-through Grant:			
Passed through The Dartmouth Institute for Health Policy and Clinical Practice:			
36861 - Community Health Assessment and Improvement Process	Agreement @ 3-22-13	93.249	13,152
Total - CFDA #93.249 - Public Health Training Centers Program			13,152
Sub-Total			3,721,369

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 3,721,369
Direct Grants:			
36777 - National Training Center - Quality Assurance, Quality Improvement, Evaluation	FPTPA006025	93.260	725,366
36787 - Reproductive Health Prevention Training and Technical Assistance	FPTPA006015	93.260	197,555
36792 - National Training Center for Management and Systems Improvement	FPTPA006023	93.260	923,279
36794 - Region VIII Sexual Health	FPTPA006016	93.260	167,107
Total - CFDA #93.260 - Family Planning - Personnel Training			2,013,307
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.268	85,173
36880 - Public Health Program Services Support	PO# 1031592	93.268	10,640
Total CFDA #93.268 - Immunization Cooperative Agreements			95,813
Pass-through Grants:			
Passed through Merrimack, New Hampshire School District:			
36915 - Evaluation Services	PO# 1499031	93.276	9,606
Passed through Community Action Partnership for Strafford County, New Hampshire:			
36920 - Bridging the Gap Evaluation Services	Agreement @ 12-9-13	93.276	7,961
Passed through United Way of Greater Nashua:			
36937 - Nashua DFC Evaluation	Agreement @ 3-5-14	93.276	5,883
Total CFDA #93.276 - Drug-free Communities Support Program Grants			23,450
Sub-Total			5,853,939

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 5,853,939
Pass-through Grants:			
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.283	247,002
36880 - Public Health Program Services Support	PO# 1031592	93.283	11,416
36906 - NH Top QL Partnership	Agreement @ 9-14-13	93.283	63,942
Passed through City of Manchester, New Hampshire Health Department:			
36955 - NH Tobacco Helpline	Agreement @ 3-25-14	93.283	14,095
36964 - NH Tobacco Helpline	Agreement @ 5-27-14	93.283	4,757
Passed through Community Health Access Network:			
36909 - NH Asthma Aware FY14	13-14:01	93.283	2,499
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.283	33,183
36849 - Smoker's Helpline - Quitline Tobacco Cessation	3320510	93.283	157,635
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV/AIDS Research, Training and Support	INTF-2915M04900315005	93.283	<u>53,606</u>
Total - CFDA #93.283 - Centers for Disease Control and Prevention - Investigations and Technical Assistance			<u>588,135</u>
Direct Grant:			
36891 - PPHF 2013 - OSTLTS Partnerships	1U38OT000188	93.292	<u>109,528</u>
Total - CFDA #93.292 - National Public Health Improvement Initiative			<u>109,528</u>
Pass-through Grants:			
Passed through Black Ministerial Alliance of Greater Boston, Inc.:			
36664 - Healthy Futures	Agreement @ 6-1-11	93.297	175,458
36750 - Healthy Futures Health Education	Agreement @ 4-20-12	93.297	19,449
36848 - Teen Pregnancy Prevention Initiative	Agreement @ 5-1-13	93.297	7,357
Passed through Touchstone Behavioral Health:			
36912 - Ciudadate - Training of Trainers	Agreement @ 10-17-13	93.297	<u>4,686</u>
Total - CFDA #93.297 - Teenage Pregnancy Prevention Program			<u>206,950</u>
Sub-Total			<u>6,758,552</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 6,758,552
Pass-through Grant:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.448	1,224
Total - CFDA #93.448 - Food Safety and Security Monitoring Project			<u>1,224</u>
Pass-through Grant:			
Passed through State of Vermont:			
36853 - Maternal, Infant, and Early Childhood Home Visitation Program	24086	93.505	45,835
Total - CFDA #93.505 - Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program			<u>45,835</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.507	13,367
36880 - Public Health Program Services Support	PO# 1031592	93.507	2,827
Total - CFDA #93.507 - PPHF 2012 National Public Health Improvement Initiative			<u>16,194</u>
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.525	6,812
Total - CFDA #93.525 - State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges			<u>6,812</u>
Pass-through Grants:			
Passed through Town of Hudson, Massachusetts:			
36754 - MetroWest Moves	Agreement @ 5-9-12	93.531	77,531
Passed through State of Vermont:			
36930 - Vermont Oral Health Coalition	25965	93.531	10,153
Total - CFDA #93.531 - PPHF 2012 - Community Transition Grants			<u>87,684</u>
Pass-through Grant:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.538	49,200
Total - CFDA #93.538 - Affordable Care Act - Nat'l Environmental Public Health Tracking Program			<u>49,200</u>
Sub-Total			<u>6,965,501</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 6,965,501
Pass-through Grant:			
Passed through Dartmouth College: 36970 - TDI Q1 Research	Agreement @ 5-1-14	93.542	<u>13,887</u>
Total - CFDA #93.542 - Health Promotion and Disease Prevention			
Research Centers: PPHF - Affordable Care Act Projects			<u>13,887</u>
Pass-through Grant:			
Passed through State of Rhode Island: 36501 - Epidemiology/Public Health Data	3160295	93.548	<u>6,744</u>
Total - CFDA #93.548 - PPHF: State Nutrition, Physical Activity, and			
Obesity Programs			<u>6,744</u>
Pass-through Grants:			
Passed through Commonwealth of Massachusetts Department of Public Health: Ensuring Quitline Capacity	INTF-2915-M04900315005	93.735	381,685
Passed through State of New Hampshire: 36843 - Tobacco Helpline	1028499	93.735	<u>83,012</u>
Total - CFDA #93.735 - State Public Health Approaches for Ensuring			
Quitline Capacity			<u>464,697</u>
Pass-through Grant:			
Passed through Ozarks Regional YMCA: 36835 - Transformation Engagement Project	Agreement @ 2-28-13	93.737	126,165
36929 - Ozarks Regional Food Policy Council	Agreement @ 1-12-14	93.737	<u>14,454</u>
Total - CFDA #93.737 - Community Transformation Grants			<u>140,619</u>
Pass-through Grant:			
Passed through state of Rhode Island: 36501 - Epidemiology/Public Health Data	3160295	93.758	<u>2,535</u>
Total - CFDA #93.758 - Preventive Health and Health Services			
Block Grant Funded Solely with Prevention and Public			
Health Funds (PPHF)			<u>2,535</u>
Sub-Total			<u>7,593,983</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 7,593,983
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.889	153,399
36880 - Public Health Program Services Support	PO# 1031592	93.889	<u>45,281</u>
Total - CFDA #93.889 - National Bioterrorism Hospital Preparedness Program			<u>198,680</u>
Pass-through Grants:			
Passed through Mid-State Health Center:			
36953 - PATT Evaluation	MS1415-1	93.912	1,775
Passed through Plains Medical Center:			
36872 - ECHO Evaluation	Agreement @ 6-24-13	93.912	750
36882 - ECHO Project	Agreement @ 7-1-13	93.912	<u>3,303</u>
Total - CFDA #93.912 - Rural Health Care Services Outreach			<u>5,828</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36623 - Rural Health and Primary Care	PO# 1011440	93.913	8,457
36879 - Public Health Program Services Support	PO# 1031592	93.913	34,162
36880 - Public Health Program Services Support	PO# 1031592	93.913	386
36988 - Rural Health and Primary Care	PO# 1038916	93.913	<u>1,787</u>
Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health			<u>44,792</u>
Pass-through Grant:			
Passed through Boston Public Health Commission:			
36453 - BPHC Quality Management	6307A	93.914	<u>158,303</u>
Total - CFDA #93.914 - HIV Emergency Relief Project Grants			<u>158,303</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.917	59,657
36880 - Public Health Program Services Support	PO# 1031592	93.917	11,072
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV Care	INTF-4971-M04603614082	93.917	<u>420,297</u>
Total - CFDA #93.917 - HIV Care Formula Grants			<u>491,026</u>
Sub-Total			<u>8,492,612</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 8,492,612
Direct Grant:			
36967 - Healthy Start Performance Project	UF5MC26845	93.926	153,686
Total - CFDA #93.926 - Healthy Start Initiative			153,686
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
Special Projects of National Significance	INTF-4971-M04603614082	93.928	47,825
Total - CFDA #93.928 - Special Projects of National Significance			47,825
Direct Grant:			
36487 - CDC CBA Project	U65PS001661	93.939	520,793
36945 - CDC CBA FY13 - FY19	U65PS004406	93.939	318,514
Total - CFDA #93.939 - HIV Prevention Activities - NGO Based			839,307
Pass-through Grants:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV Prevention Activities	INTF-4971-M04603614082	93.940	49,114
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.940	39,771
36880 - Public Health Program Services Support	PO# 1031592	93.940	7,381
Total - CFDA #93.940 - HIV Prevention Activities - Health Department Based			96,266
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Surveillance	INTF-4971-M04603614082	93.944	14,106
Total - CFDA #93.944 - HIV/AIDS Surveillance			14,106
Direct Grant:			
36615 - CDC Teen Pregnancy	U58DP002906	93.946	295,496
Total - CFDA #93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Initiative Programs			295,496
Sub-Total			9,939,298

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 9,939,298
Pass-through Grant:			
Passed through State of Rhode Island:			
36801 - Prevention Resource Center	3316844	93.959	<u>200,861</u>
Total - CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse			<u>200,861</u>
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.994	9,478
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.994	1,617
36889 - Public Health Program Services Support	PO# 1031592	93.994	<u>575</u>
Total - CFDA #93.994 - Maternal & Child Health Services Block Grant to the States			<u>11,670</u>
TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>\$ 10,151,829</u>

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HOMELAND SECURITY			
Pass-through Grant:			
Passed through State of New Hampshire:			
36854 - Supplemental Oxygen Exercises	1029685	97.067	\$ <u>82,886</u>
Total CFDA #97.067 - Homeland Security Grant Program			<u>82,886</u>
Direct Grants:			
United States Coast Guard -			
36757 - Nat'l. Estimate of Life Jacket Wear Rate	3311FAN1202.03	97.012	(1,888)
36857 - Nat'l. Estimate of Life Jacket Wear Rate	3313FAN1302.15	97.012	68,221
36958 - WA Parks Lifejackets	315-126	97.012	28,597
36969 - Nat'l. Estimate of Life Jacket Wear Rate	3314FAN1402.09	97.012	<u>162,511</u>
Total CFDA #97.012 - Boating Safety Financial Assistance			<u>257,441</u>
TOTAL - U.S. DEPARTMENT OF HOMELAND SECURITY			\$ <u>340,327</u>
 U.S. ENVIRONMENTAL PROTECTION AGENCY			
Direct Grant:			
36789 - Reducing Asthma Disparities Through Adult Basic Education			
	96161301	66.034	\$ <u>29,162</u>
Total CFDA #66.034 - Surveys Studies Research Investigations, Demonstrations and Special Purpose Activities Relating to the Clean Air Act			<u>29,162</u>
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	66.472	<u>18,094</u>
Total CFDA #66.472 - Beach Monitoring and Notification Program Implementation Grants			<u>18,094</u>
Direct Grant:			
96159901			
36788 - Latino Youth Environment Awareness and Action		66.604	<u>4,425</u>
Total CFDA #66.604 - Environmental Justice Small Grant Program			<u>4,425</u>
Sub-Total			<u>51,681</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. ENVIRONMENTAL PROTECTION AGENCY - CONTINUED			
Sub-Total from previous page			\$ 51,681
Direct Grant:			
36698 - Children's Health	CH-83510601	66.609	4,592
Total CFDA #66.609 - Protection of Children From Environmental Health Risks			4,592
Pass-through Grant:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	66.707	14,788
Total CFDA #66.707 - TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professional			14,788
TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY			\$ 71,061
 U.S. DEPARTMENT OF JUSTICE			
Pass-through Grants:			
Passed through State of New Hampshire:			
36838 - Court Diversion	Agreement @ 2-1-13	16.540	28,704
36931 - Court Diversion	Pending @ 2-21-14	16.540	58,450
Total - CFDA #16.540 - Juvenile Justice and Delinquency Prevention - Allocation to States			87,154
Pass-through Grant:			
Passed through County of Cheshire, New Hampshire:			
36902 - Cheshire County Drug Court	Agreement @ 9-20-13	16.858	16,053
Total - CFDA #16.858 - Department of Justice, Bureau of Justice Assistance Grant			16,053
TOTAL U.S. DEPARTMENT OF JUSTICE			\$ 103,207

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF STATE			
Direct Grant:			
36796 - Pakistan - PRM	S-PRMCO-12-CA-1067	19.519	\$ <u>71,503</u>
Total - CFDA #19.519 - Overseas Refugee Assistance Program for Near East and South Asia			<u>71,503</u>
TOTAL U.S. DEPARTMENT OF STATE			\$ <u>71,503</u>
TOTAL FEDERAL AWARDS			\$ <u>149,216,088</u>

JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2014

NOTE 1 – BASIS OF PRESENTATION

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (the affiliate).

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2014. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

The Schedule does not include the federal grant activity of World Education, Inc. (the affiliate). World Education, Inc. maintains a different fiscal year end (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, which includes its own separate schedule of expenditures of federal awards. However, the consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers are presented when available.

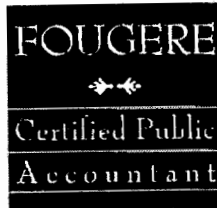
JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2014

NOTE 3 – SUBRECIPIENTS

Of the federal expenditures presented in the schedule, JSI Research and Training Institute, Inc. provided federal awards to subrecipients as follows:

<u>Program</u>	<u>CFDA Number</u>	<u>Amount Provided to Subrecipients</u>
Juvenile Justice and Delinquency Prevention	16.540	\$ 20,378
Overseas Refugee Assistance Program for Near East and South Asia	19.519	23,747
Environmental Justice Small Grant Program	66.604	4,375
Protection of Children from Environmental Health Risks	66.609	2,771
Environmental Public Health and Emergency Response	93.070	4,707
AIDS Education and Training Centers	93.145	393,299
Family Planning Services	93.217	43,731
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	106,539
Family Planning - Personnel Training	93.260	9,750
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283/93.917/93.940/93.941	337,504
National Public Health Improvement Initiative	93.292	49,000
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624	30,486
Centers for Medicare and Medicaid Services Research, Demonstrations and Evaluations	93.779	22,650
Grants to States for Operation of Offices of Rural Health	93.913/93.283/93.236/93.130	29,248
HIV Care Formula Grants	93.917	5,521
Healthy Start Initiative	93.926	3,804
Assistance Programs for Chronic Disease Prevention and Control	93.945	11,440
RI Prevent Resource Center	93.959	450
Homeland Security Grant Program	97.067	26,159
USAID Foreign Assistance for Program Overseas	98.001	<u>31,001,970</u>
Total Federal Awards Provided to Subrecipients		\$ 32,127,529
Non-Federal Awards Provided to Subrecipients		<u>3,264,101</u>
		<u>\$ 35,391,630</u>

The federal expenditures provided to subrecipients are reflected in the sub-contracts line item of the schedule of functional expenses.



**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 Directors
JSI Research and Training Institute, Inc. and Affiliate

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 JSI Research and Training Institute, Inc. and Affiliate ("Organization"), which comprise the consolidated statement of financial position as of September 30, 2014, and the related consolidated statements of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 12, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered JSI Research and Training Institute, Inc. and its affiliate'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 JSI Research and Training Institute, Inc. and its affiliates' s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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 a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization'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.

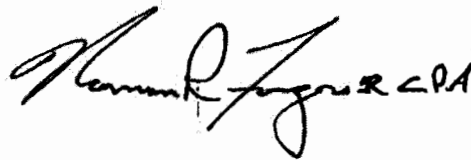
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not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

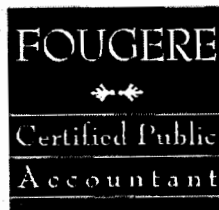
As part of obtaining reasonable assurance about whether JSI Research and Training Institute, Inc. and its affiliate's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, 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

This 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 organization'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 organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink, reading "Kenneth J. Ziegler CPA". The signature is written in a cursive style with a vertical line extending downwards from the bottom of the signature.

Duxbury, Massachusetts
February 12, 2015



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE IN REQUIRED BY OMB CIRCULAR A-133**

To the Board of Directors
JSI Research and Training Institute, Inc. and Affiliate

Report on Compliance for Each Major Federal Program

We have audited JSI Research and Training Institute, Inc.'s 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 JSI Research and Training Institute, Inc.'s major federal programs for the year ended September 30, 2014. JSI Research and Training Institute, Inc.'s major federal programs are identified in the summary of auditors' 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 JSI Research and Training Institute, Inc.'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 JSI Research and Training Institute, Inc.'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 JSI Research and Training Institute, Inc.'s compliance.

Opinion on Each Major Federal Program

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

Report on Internal Control Over Compliance

Management of JSI Research and Training Institute, Inc. 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 JSI Research and Training Institute, Inc.'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 JSI Research and Training Institute, Inc.'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 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.

World Education, Inc. (Affiliate) maintains a different fiscal year (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. However, the

consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

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.

A handwritten signature in black ink, appearing to read "Howard J. Zurek" followed by "WR & PA" in smaller letters.

Duxbury, Massachusetts
February 12, 2015

JSI Research and Training Institute, Inc. and Affiliate
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2014

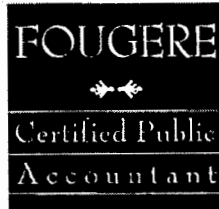
A. SUMMARY OF AUDIT RESULTS

1. The auditors' report expresses an unqualified opinion on the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate.
2. No significant deficiencies were disclosed during the audit of the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate.
3. No instances of noncompliance material to the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate were disclosed during the audit.
4. No significant deficiencies in internal control were disclosed during the audit of the major federal award programs of JSI Research and Training Institute, Inc.
5. The auditors' report on compliance for the major federal award programs for JSI Research and Training Institute, Inc. expresses an unqualified opinion on all major federal programs.
6. There are no audit findings that are required to be reported in this schedule in accordance with Sec. 510 (a) of OMB Circular A-133.
7. The programs tested as major programs included:

<u>Agency</u>	<u>Program Title</u>	<u>C.F.D.A. #</u>
Agency for International Development	USAID Foreign Assistance for Programs Overseas	98.001 (Cluster)

8. The threshold for distinguishing Types A and B programs was \$3,000,000.
9. JSI Research and Training Institute, Inc. was determined to be a low-risk auditee.

NORMAN R. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334



PHONE: 781-934-0460
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STATUS OF PRIOR YEAR'S FINDINGS AND QUESTIONED COSTS

There were no reportable findings or questioned costs for the year ended September 30, 2013.



Community Health Institute

JSI Research & Training Institute, Inc.
d.b.a Community Health Institute

501

South Street

Second Floor

Bow

New Hampshire

03304



Voice: 603.573.3300



Fax: 603.573.3301



A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

Officers

<u>Name</u>	<u>Title</u>	<u>Term</u>
Joel H. Lamstein	President	2015 - 2016
Joel H. Lamstein	Treasurer	2015 - 2016
Patricia Fairchild	Clerk	2015 - 2016
Joanne McDade	Assistant Clerk	2015 - 2016

Board of Directors

<u>Name</u>	<u>Term</u>
Joel H. Lamstein	2015 - 2016
Patricia Fairchild	2015 - 2016
Herbert S. Urbach	2015 - 2016
Norbert Hirschhorn	2015 - 2016



New Hampshire's Public Health Institute

PATRICIA GRAY DI PADOVA

JSI, 501 South Street 2nd floor, Bow, New Hampshire 03304 (603)573-3300

pdipadova@jsi.com

EDUCATION

WHITTEMORE SCHOOL OF BUSINESS AND ECONOMICS, UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
M.B.A., 1996

DARTMOUTH COLLEGE, HANOVER, NEW HAMPSHIRE
B.A., Psychology, 1984

EXPERIENCE

JSI Research and Training/d.b.a. Community Health Institute, Bow, New Hampshire

Senior Consultant, June 1997 to present

Responsibilities include providing consultation to health care, social service, government and community-based organizations in the areas of operations, data analysis, community needs assessment, systems integration and network development. A selective sample of projects follows:

New Hampshire Rural Health Clinic Technical Assistance Network

Project Director to develop and support a Rural Health Clinic (RHC) Technical Assistance Network to 1) provide technical assistance on practice management, RHC recertification, financial reporting, billing, data collection and reporting, and quality improvement; 2) Collect baseline information on each Clinic's electronic health record and its use; and 3) introduce a learning collaborative focused on improving hypertension clinical processes and outcomes.

Ohio Rural Health Clinic (RHC) Quality Network

Working closely with the Ohio State Office of Rural Health, serve as Project Director to develop a Rural Health Clinic Quality Network. JSI is providing support to the Ohio SORH through the 1) development of a new Ohio RHC helpline to assist RHCs with practice management and RHC certification; 2) environmental scan of the Ohio landscape relative to clinical quality indicators, including document review, key informant interviews and a survey targeted at EHR/EMR capability and current quality indicator collection and reporting status in RHCs and practices working toward RHC status; and 3) development and implementation of educational seminars whose purpose is to move RHCs toward a common set of quality indicators for clinical practice improvement.

New Hampshire and Maine Health-Care Associated Infections Validation

Served as Project Coordinator for the first validation of Health-Care Associated Infections (HAI) National Healthcare Safety Network (NHSN) data for New Hampshire's 26 hospitals. Participated in the development of the NH HAI Validation Plan and validation implementation through hospital site visits, data validation and mentoring of DHHS staff participating in site visits. Served as Project Director for the second HAI validation in NH. Served as Validator for the validation of Health-Care Associated Infections (HAI) National Healthcare Safety Network (NHSN) data for Maine hospitals.

Central New York Delivery System Reform Incentive Payment (DSRIP) Program Needs Assessment and Implementation Planning

Served as a lead consultant for collecting qualitative data and developing a qualitative and quantitative needs assessment report for Herkimer and Oneida counties in Central New York. The needs assessment was a requirement for the Delivery System Reform Incentive Payment Program funding for the Central New York Performing Provider System to encourage regional innovation to reduce unnecessary Medicaid hospital admissions by 25%.

Served as a lead consultant for developing implementation plans for two Central New York Performing Provider System (PPS) projects: 1) Emergency Care Triage for At-Risk populations, and 2) Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions for the Central New York Delivery System Reform Incentive Payment (DSRIP) Program.

Maine Quality Counts

JSI contracted with Maine Quality Counts (QC) to provide project development and project management services to support the development and implementation of a quality improvement (QI) initiative in which QC staff will provide technical support and QI assistance to primary care practices and provider groups to improve population health outcomes for patients with hypertension HTN and diabetes.

HRSA Recruitment and Retention Technical Assistance Center

Subcontracted with the Association of Clinicians for the Underserved (ACU) to develop and support a technical assistance (TA) center targeting provider recruitment and retention for publicly funded health centers. Conducted literature review on best practices in provider recruitment and retention, developed technical assistance library, developed TA tracking database and self-assessment survey tool.

Suffolk County NY Health Center Network Assessment and Strategy Development

Developed a cost effective model to provide primary care services to the medically-indigent and underserved residents of Suffolk County, New York. The primary goal of the project was to determine the best strategic option for the ongoing operation of the Division's ten Health Centers, referred to as the Health Center Network. Completed operational practice assessments, including efficiency and quality improvement recommendations, and space planning to accommodate recommendation implementation. Conducted follow-on work to assist in preparing the application for FQHC status.

NH Center for Excellence: State Epidemiology Outcomes Workgroup (SEOW)

Served as co-project manager for the NH State Epidemiology Outcomes Workgroup (SEOW). The SEOW conducted an inventory of health indicator data and advised the Bureau of Drug and Alcohol services regarding health indicators for the new WISDOM data system.

United States Public Health Service

Provided evaluation of the Commissioned Corps transformation process. Serve as Team Lead for the Career Assignment Manager (CAM) business process evaluation component. The evaluation included mapping the business processes relative to management of personnel actions including the role of the CAMs as envisioned, existing and recommended including inputs, activities and outputs.

Massachusetts Institute of Technology, Medical Department

Completed five separate projects including focused practice reviews of operations including: staff ratios, staff/service mix, efficiency review, customer service assessment and training, review of the current provider staffing arrangement, efficiency review including workload assessment, and a particular focus on staff turnover rates for Ob/Gyn, Pediatrics, and Internal Medicine; strategic planning and tactical and operational assistance to the MIT Medical Department's dental service; practice management support and supervision to a surgical specialties department, including general surgery, orthopedics, pulmonology, radiology, occupational health and health screening services; implemented a light call system for patient arrival; reorganized support staff functions for more efficiency within the department; and assisted Finance Director in negotiating dental payor contract.

Continuity of Operations Planning (COOP) for Community Health Centers

JSI worked with the Bistate Primary Care Association to assist Community Health Centers to increase their organizational preparedness to both maintain operations in an emergency and to assist with response. In phase 1 of the project, JSI developed a training program to assist CHCs to develop Continuity of Operations Plans (COOPs). In phase 2 of the project, JSI trained CHC staff in how to implement a tabletop exercise to evaluate the strength of the COOP plan.

Bureau of Clinician Recruitment and Service, National Health Service Corps

Project Manager – responsible for operational aspects of the UDS data collection process. Coordinate internal staff resources and communication with NHSC staff and external contractors for items such as the site lists, training logistics, materials development, and resolution of questions regarding report status of sites. Prepare status reports to the Project Officer. Developed the NHSC/FQHC Section 330 data integration process and report.

Tobacco and Obesity Prevention Program (TOPP)

Worked with the NH Obesity Prevention Program (OPP), Tobacco Prevention and Control Program (TPCP) and NH Department of Education to conduct a statewide assessment of New Hampshire school district wellness policies and individual school wellness policy implementation compared to the requirements of the Child Nutrition and WIC Reauthorization Act of 2004; and develop a toolkit to help school administrators, food service directors, food service workers, teachers, students, and families comply with the 2011 updates to the NH Administrative Rules for Education regarding food and nutrition services.

Valley Regional Healthcare, Claremont, New Hampshire
Director of Professional Services and Network Development, 1992–1997

Dartmouth-Hitchcock Community Health Center, Hanover, New Hampshire
Practice/Business Manager, 1990–1992

Harvard Community Health Plan Nashua Medical Group, Nashua, New Hampshire
Clinical Site Coordinator, 1984–1990
Administrative Services Specialist, 1987–1988



LEA R. AYERS LAFAVE, PHD, RN

JSI, d/b/a Community Health Institute, 501 South Street, Bow, New Hampshire 03304 (603) 573-3316

llafave@jsi.com

EDUCATION

UNIVERSITY OF MASSACHUSETTS, SCHOOL OF NURSING, WORCESTER, MASSACHUSETTS
PhD, 2008 – Dissertation: Nursing Practice as Knowledge Work within a Clinical Microsystem

STATE UNIVERSITY OF NEW YORK, DECKER SCHOOL OF NURSING, BINGHAMTON, NEW YORK
Fuld Fellow, 2000 – Helene Fuld Summer Institute in Rural Community Health Nursing

YALE UNIVERSITY SCHOOL OF NURSING, NEW HAVEN, CONNECTICUT
Nursing Management and Policy in Community Health Program
MSN, 1996 – Thesis: An Organizational Case Study of a Nursing Home-based Hospice Home Care Program

SMITH COLLEGE, PSYCHOLOGY, NORTHAMPTON, MASSACHUSETTS
AB, 1992

EXPERIENCE

Community Health Institute/JSI, Bow, New Hampshire

Senior Project Director, 2008 to present

Provide technical assistance to local, state, national and international public health organizations and programs in the areas of planning, assessment, and evaluation to support the development of effective public health delivery systems. Areas of expertise include public health infrastructure development, health care systems, home care, substance abuse prevention, nursing education and curriculum development, action learning collaboratives, qualitative research, network analysis, and quality improvement.

Connecticut Department of Public Health Services (CT DPHS) Asthma Program: Quality Improvement (QI) Action Learning Collaborative and Technical Assistance

Project Director, 2015

Develop and deliver a QI Action Learning Collaborative for community-based programs, including school-based health centers and community health centers, to improve asthma management. This two-year project will support programs to develop QI capacity through an ALC, and provide support through ongoing coaching.

New Hampshire Rural Health Clinic (RHC) TA Network

Technical Advisor for QI, 2015

Design and manage a learning collaborative component of a larger TA project for the New Hampshire (NH) State Office of Rural Health, facilitating the implementation of evidence-based practices to improve primary care for hypertension among NH's rural health clinics. Facilitate systems change approaches that are relevant and responsive to the unique context of each RHC to result in measurable improvement in hypertension management.

Division of Maternal and Child Health, Bureau of Health Resources Service Administration, Supporting Healthy Start Performance Project (SHSPP)

Technical Advisor for QI, 2014 to present

Provide technical assistance and training to Healthy Start grantees to ensure program effectiveness in reducing infant mortality and health disparities, and improving perinatal health outcomes. This project focuses on providing comprehensive and innovative capacity building assistance to community-based grantees, measuring project success by the degree to which grantees achieve core competencies essential for effective implementation of the Healthy Start model and institutionalize a culture of QI and evaluation based on a foundation of documented program effectiveness.

Ohio Rural Health Clinic Quality Network

Quality Specialist, 2014 to present

Provide technical support to a developing Rural Health Clinic (RHC) Quality Network in order to measure and improve overall performance by providing QI information and TA to aid sites in identifying core primary care quality measures, data collection and benchmarking of identified core quality measures, and identifying a benchmarking system.

New Hampshire Youth SBIRT Initiative

Project Director, January 2014 to present

Funded by the NH Charitable Foundation in partnership with the Conrad N. Hilton Foundation, provide TA through an action learning collaborative model to two cohorts of 5 pediatric-behavioral health partner grantees including hospital-based and FQHC-based practices to embed SBIRT (Screening, Brief Intervention, and Referral to Treatment) as standard practice for 12-22 year olds, including adapting electronic health records.

Maine Quality Counts Primary Care Quality Improvement Initiative

Consultant, 2014

Provided technical support to a joint effort of Maine Quality Counts and Maine Center for Disease Control to assist primary care providers groups to improve outcomes for patients with hypertension and diabetes. Developed an ALC change package organized around the Chronic Care Model to improve care for patients with hypertension and diabetes.

Maternal and Child Health Bureau of Health Resources Service Administration, Division of Children with Special Health Care Needs

QI Consultant 2013–2014

Provide technical assistance and training to Title V programs to build capacity in performance measurement to support program monitoring and improvement. Activities include providing web-based training and quality improvement coaching to state quality improvement teams focusing on improving systems that support needs of young adults and their families transitioning from pediatric to adult systems of care.

OTHER PROFESSIONAL EXPERIENCE

Provided person-centered nursing care across diverse systems of care and patient populations, and served as nurse educator, curriculum developer and evaluator for a community-based nursing curriculum focused on mental health, maternal child health and pediatrics, as well as school-based clinics and home visiting programs.

LEADERSHIP | COMMUNITY SERVICE

New Hampshire Division of Public Health Services, Concord, New Hampshire

Public Health Improvement Services Council

Member, 2008 to present

Lake Sunapee Region Visiting Nurse Association and Hospice, New London, New Hampshire

Board of Trustees,

Member, 2000–2006, 2008 to present; Executive Committee, 2010–2015; Chair, 2013–2015

SELECTED PEER-REVIEWED PUBLICATIONS

- Schifferdecker, K.E., Bazos, D.A., Sutherland, K.; **LaFave, L.R.A.**, et al.. (2015, in press). Review of tools to assist hospitals in meeting community health assessment and implementation strategy requirements. *Journal of Healthcare Management*.
- Bazos, D. A., **LaFave, L. R. A.**, Suresh, G., Shannon, K. C., Nuwaha, F., & Splaine, M. E. (2015). The gas cylinder, the motorcycle and the village health team member: a proof-of-concept study for the use of the Microsystems Quality Improvement Approach to strengthen the routine immunization system in Uganda. *Implementation Science*, 10(1), 30.
- **LaFave, L.R.A.** and Cobb, A. (2013). The intersection of producers and consumers within New Hampshire's food system. Funded by CDC through the Healthy Farms, Healthy People Coalition.

SELECTED PRESENTATIONS

- **LaFave, L.R.** and Ronee Wilson (2015, November). Introduction to Building an Organizational Culture of Quality Improvement. Healthy Start Convention 2015: Making an Impact, Washington, DC
- Turner, W. and **LaFave, L.R.** (2014, October). Screening, Brief Intervention and Referral to Treatment for Alcohol and Other Drugs. Presentation at the New England Rural Health Conference, Westford, MA

DOROTHY A. BAZOS

*John Snow Incorporated/DBA Community Health Institute 501 South Street, Bow, New Hampshire 03301
(603) 573-3332 dbazos@jsi.com*

EDUCATION

DARTMOUTH COLLEGE, HANOVER, NH
Ph.D., Health Policy and Clinical Practices, 2001

DARTMOUTH MEDICAL SCHOOL DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE, HANOVER, NH
M.S., Evaluative Clinical Sciences, 1996

AMERICAN INTERNATIONAL COLLEGE, SPRINGFIELD, MASSACHUSETTS
B.A., Interdisciplinary Sciences/Education, 1975

SAINT JOSEPH'S HOSPITAL OF NURSING, SYRACUSE, NEW YORK - *R.N., 1970*

EXPERIENCE

John Snow, Incorporated/DBA Community Health Institute, Bow, New Hampshire
Community Development Director, 2005 to present

Leads, designs, and manages research, evaluation and implementation projects focused on improving the health and well-being of community populations. Provides technical assistance and management support to the community based planning initiatives of the Manchester Sustainable Access Project (MSAP). The goal of MSAP is to design and implement an integrated community network of primary care for the city's most vulnerable populations by integrating mental health, dental and primary care services. MSAP attempts to enhance community access to Medicaid enhanced reimbursement for providers through the expansion of the FQHC programs in the area. Work is accomplished through the work of a formal Health System Strategic Planning Board which Dr. Bazos designed and manages. *Funded by the NH Endowment for Health, Nowin S. and Elizabeth N. Bean Foundation and local health care organizations (over \$1,000,000 committed to initiative).*

During this time period Dr. Bazos also: (a) served as a member on the NH Governor's Leadership Team, the NH Citizens' Health Initiative (2006-08) and on the National Citizens' Health Care Working Group (2005-07), (b) developed the evaluation plan for the NH State Fit WIC initiative (2008), (c) designed and administered a longitudinal assessment of the health of the general and Hispanic populations of Durham County, NC (2007), (d) designed and authored the NH State Health Assessment Report (2007), (e) in partnership with Dartmouth Medical School senior researchers, working to develop a strategic plan and assessment tools for measuring the impact of the medical system on population health, and (f) with Dartmouth colleagues submitted Dartmouth Prevention Research Center application to CDC in October 2008.

Dartmouth College, Hanover, NH
Adjunct Assistant Professor/Consultant, 2004 to 2006

Ongoing collaboration with Dartmouth faculty and providers from Dartmouth-Hitchcock to develop grant and funding initiatives that apply research to the practice of medicine in an effort to assess and improve the health of community populations. In 2004, managed a research project focused on developing measures of healthcare access for NH primary care service areas. This research project provides an additional resource for NH communities for identifying geographic, economic and socio-cultural barriers to access. Responsibilities included project conceptualization, management and oversight. *Funded by the NH Endowment for Health.*

Veterans Administration Quality Scholars Program, White River Junction, VT

Associate Director of Veterans' Rural Health Initiatives, 2002 to 2004.

Managed research project to understand and improve veterans' access to health care. Initiative focused on determining where veterans sought cardiac care and defining the quality and type of care received in order to suggest feasible ways to re-direct them to better quality services. Oversaw strategic plans and communications between stakeholders, including public health administrators, VA officials, and research teams in the development and analysis of the database which was the foundation of this work. Results include the development of a new database from which research studies regarding veteran use of cardiac services can be evaluated and two peer reviewed research papers that will provide the VA insight into how to improve cardiac care for veterans in the future. On a separate project, provided technical support and coaching to quality improvement team consisting of providers and researchers focused on implementation of continuous quality improvement strategies in VA service sites. *Funded by the Veterans Administration Health Service Research Division (HSRD).*

Community Health Improvement Consultant, Durham County North Carolina, 2002 to 2003

Developed and implemented a population health assessment for Durham County using secondary data and then primary data. *Funded by Durham Health Partners.*

Consultant to Empowering Communities with Data Project 2002 to 2003

Department of Health & Human Services (DHHS), Concord, NH, 2001 to 2002

Project Director/Principal Investigator, Empowering Communities with Data Project

Led and managed initiative to use the tools and process of continuous quality improvement to help community organizations improve the health of their constituents by using local data for planning, resource allocation, and decision-making. Collaborated with stakeholders of over a dozen CBOs to identify needs and priorities for health care. Project results included a health data inventory facilitating easy access of the state's public health data, a comprehensive training program which enabled community leaders and coalitions to use these data, training modules focused on quality improvement at the community level, two curriculums for community leaders (Data 101 and Community Assessment), and the prototype and initial development of a web-based community level data system. Hired and managed project staff; developed work plans; oversaw budget, reporting and expenditures; and led communication and evaluation efforts. Managed partnership between University of NH, NHDHHS, and community health networks to identify linkages between the agencies, seek grant opportunities, explore health care needs, and allocate resources more efficiently. Efforts resulted in collaboration between numerous state agencies vying for the same state and federal resources. *Funded by NH Endowment for Health (\$419,000).*

Dartmouth College, Hanover, NH

Ph.D. Candidate & Health Policy Consultant, 1996 to 2001

Designed and implemented research studies to evaluate the association between health care resources, utilization and outcomes for a vulnerable patient population. In addition, designed and developed the methodology for assessing the health of community populations using primary or secondary data collection methodologies. Results included the development of a valid, reliable survey instrument that provides a comprehensive assessment of community health, practical experience in summarizing and presenting data to community groups, an assessment and evaluation of NH communities using public health data, and a published thesis summarizing research findings. *Funded by RWJF and PEW Charitable Trust.*

American Manufactures Export Group, Houston, Texas and Pathfinder International, Cairo, Egypt

Personal Services Contractor, Program Evaluation, 1999

With the Egyptian Ministry of Population and Pathfinder International, assessed the need for technical medical equipment and supplies for Egyptian family planning programs. Conducted site visits to public and private sector family planning clinics in both rural and metropolitan areas within driving distance of Cairo. Facilitated meetings with program directors and staff to prioritize procurement needs. Identified the need for family planning sites to coordinate their equipment purchases with the national training facility to facilitate the transition of students to the field clinics resulting in improved patient care. Generated a final report for the Ministry of Population and USAID that summarized recommendations from site visits and meetings. *Funded by the United States Agency for International Development.*

Partners in Health, Dartmouth College, Hanover, NH

Project Coordinator, 1992 to 1996

Developed, managed, and implemented the Partners in Health Project (PIH) at the community level: identified lead community agencies, hired staff, developed family councils charged to identify the health and social service needs of families of children with chronic health conditions. Worked with family councils, community lead agencies, school systems, health providers, social service agencies, and state government to develop strategies to maximize Medicaid dollars and use them flexibly to meet the needs identified by these families. Managed PIH's annual contracts and budgets, wrote and presented progress reports to state authorities. PIH was institutionalized through the development of a state-level family council that works with state government to oversee project development and management. Community programs are staffed by family support coordinators who provided access to direct family support services and respite care. Local health, social and recreational services were developed or enhanced through this project. *Funded by RWJF and NHDHHS.*

Flagler County Health Department, Bunnell, FL

Healthy Start Project Coordinator, 1991 to 1992

Designed, implemented, and managed the maternal-child "Healthy Start" program in a rural Florida County. Conducted site visits to the homes of mothers at risk for poor pregnancy outcomes. Assessed mother's need for care coordination, education and referral to maternal-child health clinics. Developed a coordinated system of community-based services for these mothers by initiating and facilitating informational and educational meetings between at-risk moms and community providers and by establishing a case-management system of follow-up and referral.

United States Agency for International Development (USAID), Islamabad, Pakistan

Program Design/Management and Training Coordinator.

Assisted in design and development of \$62 million Child Survival Project. Coordinated out of country training for Pakistani physicians and medical support staff for USAID Office of Health Population and Nutrition. Represented USAID on Government of Pakistan National Steering Committee for Breast-feeding for Child Survival. Defined and organized program, financing, and logistics of 1 national and 5 provincial workshops on Breast-feeding for Child Survival. Developed follow-up implementation documents and health education strategies based on workshop recommendations. Served as the liaison between Government of Pakistan health professionals and USAID to define strategies for future nutrition activities. Managed administrative and office support functions for USAID Office of Health, Population, Nutrition (which had a project portfolio of \$250 million) and a staff of fifteen.

Cairo American College, Cairo, Egypt

Teacher, 1976 to 1980.

Middle School Math, Science and Health Teacher. Provided voluntary emergency, primary, and specialty nursing services to expatriate community.

Mercy Hospital, Springfield, MA

Registered Nurse, Coronary and Intensive Care, 1974 to 1976

Kolburne Schools, New Marlboro, MA

RN/Teacher 1971 to 1974

Head nurse at a school for emotionally disturbed children and member of psychiatric evaluation team. Managed student health program, trained staff in techniques of medical management and emotional support.

AWARDS

Citizens Health Care Working Group (www.citizenshealthcare.gov), Appointed Member, 2005 to 2007.

As part of the Medicare Modernization Act Of 2003, the U.S. Congress created the Citizens' Health Care Working Group (CHCWG) consisting of 14 members selected by the U.S. Comptroller General, David Walker from a pool of 530 applicants. Members were responsible to: (a) provide a nationwide public debate through community meetings about improving the health care system, (b) develop an action plan for Congress and the President to make health care work for all Americans, (c) hold educational hearings, (d) prepare and disseminate *The Health Report to the American People*, (e) provide interim recommendations for public comment based on analysis of qualitative and quantitative data, (f) provide final recommendations to the President and the Congress.

PUBLICATIONS

JOURNAL ARTICLES

Bazos, Dorothy A.; Thomas, Anna J.; Manchester's Health Care Safety Net – “Intact but Endangered”. New Hampshire Bar Journal, Spring 2007.

Weeks WB, Bott DM, **Bazos DA**, Campbell SL, Lombardo R, Racz MJ, Hannan EL, Wright SM, Fisher ES. VA patients' use of the private sector for coronary revascularization in New York: opportunities to improve outcomes by directing care to high performance hospitals. *Medical Care*, June 2006.

Weeks, William B.; **Bazos, Dorothy A.**; Bott, David M.; Racz, Michael, J.; Hannan, Edward L.; Fisher, Elliott S. “New York’s Statistical Model Accurately Predicts Mortality Risk for Veterans Who Obtain Private Sector CABG”. *Health Services Research*, April 2005.

Bazos, Dorothy A.; Weeks, William B.; Fisher, Elliott S.; DeBlois, Holly A.; Hamilton, Eugenia; Young, Mark J. “The Development of a Survey Instrument for Community Health Improvement.” *Health Services Research*, August 2000.

Wasson, J.H.; Ahles, T.; **Bazos, D.A.**; Bracken, A.; Patterson, J.A.; Johnson, D.J. “Streamlining Nutritional Care for the Physician’s Office.” *European Journal of Clinical Nutrition*, 53(Suppl 2):S97-100, 1999.

Bazos, Dorothy A.; Fisher, Elliott S. “Capitation Among Medicare Beneficiaries.” *Effective Clinical Practice*, 2(1):24-28, 1999.

Wasson, J.W.; Splaine, M.E.; **Bazos, Dorothy A.**; Fisher, Elliott S. “Overview: Working Inside, Outside, and Side by Side to Improve the Quality of Health Care.” *Journal on Quality Improvement*, 24(1): 513-517, 1998.

POLICY REPORTS

Bazos, Dorothy A.; Thomas, Anna; *Manchester’s Primary Care Safety Net “Intact but Endangered” – A Call to Action*, Manchester Sustainable Access Project (2008).

Real, Lori H.; Boulter, Philip R.; **Bazos, Dorothy A.**; *Strategies to Address the Issues of Access to New Hampshire’s Primary Care Workforce – A Report to Governor John Lynch*, NH Citizens’ Health Initiative (2008).

Bazos, Dorothy A.; Kohn, Rachel; *New Hampshire Fit WIC Evaluation Plan*, NH Department of Health and Human Services Nutrition and Health Promotion Section (2008).

Bazos, Dorothy A.; Kohn, Rachel; *Working Together to Assure a Healthy Public – The State of New Hampshire’s Health - A Report to New Hampshire Residents*, New Hampshire Department of Health and Human Services, (2007).

Smith, Andrew E.; **Bazos, Dorothy A.**; *Durham County, North Carolina: Health Assessment Survey. Durham Health Partners* (2007).

Citizens’ Health Care Working Group, (**Bazos, Dorothy A.** – Member); *Health Care That Works for All Americans*, www.CitizensHealthCare.gov. (2006)

Smith, Andrew E.; **Bazos, Dorothy A.**; Junius, Dennis M. *Durham County, North Carolina: Health Assessment Survey. Durham Health Partners* (2003).

Tribble, Wess; Blackwelder, Brandon; **Bazos, Dorothy A.** *Population/Family Planning IV Needs Assessment and Procurement Plan for Equipment and Material*. AMEG for Pathfinder International (1999).

Townsend, Chuck; **Bazos, Dorothy A.**; Hamilton, Eugenia. *The Hitchcock Alliance - Community Health Improvement: Community Health Indicators*. Dartmouth-Hitchcock Medical Center (1998).

Wasson, John; Fisher, Elliott, S.; **Bazos, Dorothy A.**; Weeks, William. *An Initiative for Monitoring, Assessing and Improving the Care of Defined Populations*. Final Report to the State of New Hampshire, Grant 96010088.

CONFERENCE ABSTRACTS

Weeks, William B.; **Bazos, Dorothy A.**; Bott, David M.; Campbell, Stacey L.; Hannan, Edward L.; Racz, Michael J.; Wright, Steven M.; Fisher, Elliott S.
Veteran Status Is Not an Independent Risk Factor for CABG Mortality
HSRD National Meeting (March 10-12, 2004, Washington, DC)

Weeks, William B.; Bott, David M.; **Bazos, Dorothy A.**; Campbell, Stacey L.; Lombardo, Rosemary; Racz, Michael J.; Wright, Steven M.; Fisher, Elliott S.
Most Veterans Obtain Cardiac Revascularization Outside VHA
HSRD National Meeting (March 10-12, 2004, Washington, DC)

DeBlois, Holly; Taylor, Jennifer; **Bazos, Dorothy A.**
It Takes Communities to Build a Statewide Data System and Training Plan.
131st Annual American Public Health Association Conference (Nov 15-19, 2003, San Francisco, CA).

Ball, David; **Bazos, Dorothy A.**; Bott, David M.; Weeks, William B.
CABG Utilization in New England by Veterans with Access to both VHA and Medicare funded CABGS.
Academy Health Annual Research Meeting (June 27-29, 2003, Nashville, Tenn.).

Bazos, Dorothy A.; Hamilton, Eugenia; Townsend, Chuck; Taylor, Jennifer.
Academic, Grass Roots, and State Efforts Tackle the Technical, Political, and Economic Challenges of Designing and Developing a Community Health Assessment Tool for New Hampshire.
American Public Health Association (2002).

Bazos, Dorothy A.; Weeks, William B.; Fisher, Elliott, S.; Young, Mark J.
A Community Health Assessment Tool. Society for General and Internal Medicine (1998).

McAllister, Jeanne; **Bazos, Dorothy A.**; Cooley, Carl; Olsen, Ardis. *Developing a Community Based System of Family Support and Health Care for Families of Children with Ongoing Health Care Conditions.*
Association for the Care of Children's Health 31st Annual Conference (1995).

MEMBERSHIPS AND AFFILIATIONS

2008- Present	New Hampshire Public Health Improvement Action Plan, Co-Chair, Health Status Workgroup
2006 – 2008	New Hampshire Citizens' Health Initiative
2005 – 2007	Citizens' Health Care Working Group: Federal GAO
2004 – 2005	Task Force Against Racism and Intolerance: Member, Concord, NH.
2002 – 2004	Child Survival Fellows Program: Fellow, Johns Hopkins University.
2002 – 2004	New Hampshire Public Health Association: Member, Concord, NH.
2002 - 2004	Academy Health: Member, National Association
2002 – 2004	Global Health Council: Member, National Association.
2001 – 2006	Empowering Communities Projects: PI and Member of Management and Technical Advisory Committees, Durham, NH.
2001 – 2004	Area Health Education Committee (AHEC): Advisory Committee Member, Hanover, NH.
2001 – 2002	Turning Points: Board Member, Concord, NH.
1999 – 2002	American Red Cross: Board Member, Concord, NH.
1993 – 1996	NH Governor's Advisory Council for Families of Children with Chronic Health Conditions: Member, Concord, NH.
1987 – 1989	St. Thomas's Community Health Project: Volunteer, Islamabad, Pakistan.
1987 – 1988	International School of Islamabad: School Board Member, Islamabad, Pakistan.

PRISCILLA DAVIS

Community Health Institute/JSI
501 South Street · 2nd Floor, Bow, NH 03304 · (603) 573-3302

pdavis@jsi.com

EDUCATION

ST. JOSEPH'S COLLEGE, STANDISH, MAINE
Master of Health Administration –Candidate

GRANITE STATE COLLEGE, CONCORD, NEW HAMPSHIRE
Bachelor of Science, Business Management 2008

UNIVERSITY OF RHODE ISLAND, KINGSTON, RHODE ISLAND
School of Business Administration, MIS Concentration 1978-1979

RHODE ISLAND COLLEGE, PROVIDENCE, RHODE ISLAND
School of Business Administration 1977-1978

EXPERIENCE

Community Health Institute/JSI Bow, New Hampshire
Project Manager - September 1999 to present

Selected Project Work includes:

Health Resource and Services Administration (HRSA), Bureau of Primary Health Care (BPHC UDS) Uniform Data System

Trainer, reviewer and data coordinator for the BPHC Uniform Data System (UDS) federal reporting requirement for Federally Qualified Health Centers (FQHC's). As trainer, conducted trainings for health centers across multiple states to ensure accurate reporting of demographic, clinical, cost and revenue data. Responsibilities as reviewer include analysis of data through individual review process with health center representatives and providing technical assistance and recommendations for improvement. Also provide technical assistance to grantees and reviewers, test internal audit flags, assist with writing the executive summary, compile comparison, and other management reports as a result of the annual national data collection.

Ohio Rural Health Clinic (RHC) Quality Network

Communications and Support Specialist for the Ohio Rural Health Clinics (RHC) Quality Network through the Ohio State Office of Rural Health (SORH). Tasks include providing technical assistance to certified RHC's, those seeking certification and clinics interested in certification. Support is provided through the Ohio RHC helpline, established through this project to assist RHCs with practice management and RHC certification; participated in development and implementation of webinars and face-to-face meetings to assist Ohio's RHCs in selection and tracking clinical quality indicators.

NH Strategic Prevention Framework (SPF) Regional Evaluation,

Conducted multiple interviews in "Region J" for the Strategic Prevention Framework (SPF) Regional Evaluation. Conducted over thirty one-on-one interviews with key informants in each town/city in Region J that included representatives from local businesses, education, safety, health and local government sectors to assess the region's youth substance abuse prevention efforts. Results were used to inform the overall multi-regional evaluation.

Maine Quality Counts

Working with Maine Quality Counts (QC) conducted environmental scan of relevant sources to identify and map all primary care practices in the state. Established a database to track and catalog

The Memorial Hospital/Conway Area Needs Assessment

Co-facilitated focus group involving participants in a prior health related survey, which targeted populations in the Conway service area. A series of focus group sessions were conducted that included representative groups from various sectors included Health Providers, Senior Citizens, Business /Commerce, and Private Citizens. Duties included documenting responses and writing summaries of focus groups. Input received during the focus groups was used for final qualitative findings to aid in assessing health related programs needs in the service area.

New Hampshire Wired Wizard

Conducted statewide community-based trainings for “NH Wired Wizard”, an interactive screening tool designed to help New Hampshire’s state and community-based agencies streamline the referral and eligibility determination process for individuals and families in need within their communities. Taught weekly training sessions to train, promote and assist in using Wired Wizard. Other responsibilities included producing training manual and materials, maintaining and updating current programs on the software, tracking user accounts, providing technical assistance, establishing and organizing training at locations encompassing all areas of the state, updating programmatic information on website.

HONORS AND AWARDS

Graduated summa cum laude, 2008, Granite State College;
ALA Merit Scholarship Recipient, 2008

WORKSHOPS

Grant Writing Workshop, Grant Training Center, 2009

COMPUTER SKILLS

MS Office Applications: Access, Word, Excel, PowerPoint and Publisher; Adobe Photoshop;
Web/Survey Tools: Constant Contact, LogiForms, GoDaddy, Prezi, Survey Monkey
Statistical Software: SPSS

JONATHAN A. STEWART

Community Health Institute/JSI, 501 South Street, Bow, New Hampshire 03304 (603) 573-3300 jstewart@jsi.com

EDUCATION

DUKE UNIVERSITY SCHOOL OF MEDICINE, DURHAM, NORTH CAROLINA
Department of Health Administration, Master of Health Administration, 1986
Department of Biochemistry, Master of Arts, Biochemistry, 1984

UNIVERSITY OF DELAWARE, NEWARK, DELAWARE
School of Arts & Sciences, Bachelor of Arts, Biology, 1981

EXPERIENCE

JSI Research and Training Institute/Community Health Institute, Bow, New Hampshire

Regional Director, September 2000 to present

Provide technical assistance, training and evaluation to health and human service organizations to support the development of effective public health and health care systems.

Selected Technical Assistance & Training Projects

NH Community and Public Health Development Program: Project Director providing technical assistance and training support to communities involved in development of improved local public health infrastructure; worked with multiple partners to develop the statewide New Hampshire Public Health Network.

Boston Metropolitan Area Hazard Vulnerability Assessment: Technical Assistance including planning, facilitation and analytic support to Massachusetts and New Hampshire state health departments and regional partners for assessment of hazards, risks and preparedness for health care, behavioral health and public health infrastructure.

Metrowest Community Health Care Foundation (Massachusetts): Capacity and readiness assessment of seven municipalities in Metro-Boston for developing collaborative models for local public health service delivery.

NH Division of Public Health Services: Project team member providing assistance on development of a Comprehensive HIV Needs Assessment; role is focused on client and community stakeholder engagement and qualitative needs assessment.

Robert Wood Johnson Foundation; New Hampshire Turning Point Initiative: Project Director for multi-year initiative to develop sustainable strategies for improved local public health capacity.

HRSA, Bureau of Primary Health Care, Uniform Data System: Trainer and editor for annual Uniform Data System reporting for the federal Community and Migrant Health Center program.

Selected Program Evaluation Projects

Endowment for Health & NH Department of Health & Human Services: Project Evaluator of NH Systems Transformation and Realignment (NH STAR) initiative to pilot improved service delivery and funding systems for supporting children with behavioral health needs who are in or at-risk for out-of-home placement.

Central New Hampshire Health Partnership: Evaluator for two federal Rural Health Outreach Grant Initiatives: the first for improving care coordination of socially and medically vulnerable populations; the second for improving care transitions from hospital to home and community.

Communities for Alcohol and Drug free Youth (Plymouth, NH): Program Evaluator for community-based coalition involved in multiple initiatives to promote positive and healthy school and community environments for youth.

NH Division of Alcohol & Drug Prevention & Recovery: Project Director for evaluation of state-wide ATOD prevention initiative involving multiple community-based coalitions implementing a range of programs including family strengthening, school-based education, mentoring and community action for environmental change.

Family Planning Private Sector Project (Nairobi, Kenya): Operations research on cost effectiveness and sustainability of FP/MCH service delivery sites throughout Kenya to assist USAID in resource allocation decisions and to improve cost recovery capability of clinics.

New York State Department of Health (Albany, New York): Qualitative Evaluation of New York State Healthy Heart Program; an initiative intended to influence CVD risk factors through community intervention and social marketing.



Selected Research Projects

National Network of Public Health Institutes and Robert Wood Johnson Foundation: Qualitative Assessment of Local and State Health Officials awareness of, interest in, and capacity to employ computer modeling for emergency preparedness.

Endowment for Health: Study of the effect of New Hampshire's Community Benefits Law for Health Care Charitable Trusts. Cooperative effort with NHDHHS Office of Health Planning and the NH Office of the Attorney General.

Bureau of Health Professions (Rockville, MD): Study of the effect of AIDS Education and Training Centers on physician attitudes and practices; Comparative analysis of parallel CDC-funded study of the general primary care physician population.

Bureau of Primary Health Care Delivery and Assistance (Rockville, MD): Study to assess preparedness of C/MHC's to respond to HIV-related service needs

Bureau of Primary Health Care, Rockville, Maryland: Survey project designed to gather information on provider practices in Community and Migrant Health Services relative to recommendations of the 1988 US Preventive Services Task Force.

North Country Health Consortium, Littleton, New Hampshire

Executive Director, 12/97 to 8/00 Founding Director of rural health network formed by four hospitals, two community health centers, two home health agencies, a mental health and developmental services organization, and a community action program.

Ammonoosuc Community Health Services, Littleton, New Hampshire

Operations Director, 11/94 to 12/97 of federally-funded, multi-site rural Community Health Center Network.

John Snow, Inc., Boston, Massachusetts

Consultant, 10/86 to 7/94 providing assistance in health services evaluation, financial analysis and program management.

SELECTED PUBLICATIONS | REPORTS

Rosenfeld, LA, Fox CE, Kerr D, Marziale E, Cullum A, Lota K, **Stewart J**, and Thompson MZ. "Use Of Computer Modeling For Emergency Preparedness Functions By Local And State Health Officials: A Needs Assessment". *J Public Health Management Practice*, 15(2), 96–104, 2009.

Stewart J, Kassler W, McLeod M. "Public Health Partnerships: A New Hampshire Dance". *Transformations in Public Health*, Volume 3, Issue 3, Winter 2002.

Stewart, JA, Wroblewski S, Colapietro J, Davis H. "Survey of US Physicians Trained by Regional AIDS Education and Training Centers". Abstract No. PO-D21-4047; IXth International Conference on AIDS. Berlin, Germany, June –1, 1993.

Kibua T, **Stewart JA**, Njiru S, Gitari A. "Sustainability and Cost Effectiveness of Family Planning Private Sector Subprojects". United States Agency for International Development; Nairobi, Kenya, March 1990.

SELECTED WORKSHOPS | PRESENTATIONS

Dartmouth College, The Dartmouth Institute, MPH Program, (formerly CECS) guest lecturer - project management, evaluation, coalition development, Public Health 101; community health needs assessment; academic review of capstone theses; 2004–2016.

Public Health Performance Improvement – The New Hampshire Experience (with Joan Ascheim, NHDHHS); 6th Annual National Public Health Performance Standards Training Workshop; Nashville, TN; April 1–6, 2008.

Building the Public Health Infrastructure: State Lessons Learned and Keys to Success; Nebraska Health and Human Services, Expanding Our Vision – Transforming Vital Public Health Systems, October 2006.

Building Infrastructure in Public Health - RWJF National Turning Point Showcase Conference, Denver, CO; May 2004

Community Benefits Exemplary Practices – New Hampshire statewide conference; November 2002

SELECTED BOARDS | AFFILIATIONS

National Network of Public Health Institutes, Board of Directors, 2008 to present, Chair, 2014 - present

New Hampshire Public Health Services Improvement Council, 2008 to present

NH Prescription Monitoring Program, Advisory Council, 2012 to present

New Hampshire Healthy People 2010 Leadership Council; Co-chair, 2000–2002

New Hampshire Public Health Association; Treasurer, 1999–2003



KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: JSI Research & Training Institute, Inc., d.b.a. Community Health Institute

Name of Program: NH Technical Assistance Network for Rural Health Clinics

BUDGET PERIOD:		SFY 17		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Patricia DiPadova, MBA	Project Director	\$108,212	12.00%	\$12,985.41
Lea Ayers LaFave, PhD, RN	Quality Improvement Lead	\$96,542	2.22%	\$2,145.38
Dorothy Bazos, PhD, RN	Quality Improvement Lead	\$113,311	7.11%	\$8,057.69
Priscilla Davis, BS	Communications Specialist	\$62,063	4.89%	\$3,034.18
Brett Teplitz, BA	Support	\$41,208	4.89%	\$2,014.63
Jonathan Stewart, MA, MHA	Director, CHI	\$125,000	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$28,237.29

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Patricia DiPadova	Project Director	\$111,364	12.00%	\$13,363.62
Lea Ayers LaFave	Quality Improvement Lead	\$99,354	2.22%	\$2,207.86
Dorothy Bazos	Quality Improvement Lead	\$116,612	7.11%	\$8,292.38
Priscilla Davis	Communications Specialist	\$63,870	4.89%	\$3,122.56
Brett Teplitz	Support	\$42,408	4.89%	\$2,073.31
Jonathan Stewart, MA, MHA	Director, CHI	\$125,000	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$29,059.73

4/4/10



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G&C APPROVED
Date: 4/22/15
Item # 19

March 30, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with JSI Research & Training Institute, Inc., dba Community Health Institute (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, in an amount not to exceed \$217,000, to develop a multi-year Technical Assistance Network for New Hampshire Rural Health Clinics, to be effective the date of Governor and Council approval through June 30, 2016. 100% Federal Funds.

Funds are available in 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 encumbrances between State Fiscal Years through the Budget Office, without further approval from the Governor and Executive Council, if needed and justified.

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	102-500731	Contracts for Prog Svc	90017317	80,000
SFY 2016	102-500731	Contracts for Prog Svc	90017317	80,000
			Sub Total	\$160,000

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HLTH & PRIMARY CARE

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	102-500731	Contracts for Prog Svc	90073000	27,000
SFY 2016	102-500731	Contracts for Prog Svc	90073000	30,000
			Sub Total	\$57,000
			Total	\$217,000

EXPLANATION

Funds in this agreement will be used to provide Technical Assistance to New Hampshire Rural Health Clinics to directly benefit rural, low-income, uninsured, Medicare and Medicaid New Hampshire populations by equipping Rural Health Clinics with the tools and resources necessary to effectively and efficiently serve their rural populations. This quality improvement project will increase utilization of Health Information Technology and Quality Improvement practices among Rural Health Clinics, and will lead to better Clinical Quality Measure reporting of hypertension and improved disease management. Increased utilization of Health Information Technology will improve effective delivery of care, community-clinical linkages to support prevention and management of hypertension, and data collection and analysis to guide clinical work and Quality Improvement projects.

In SFY15, an initial assessment of the rural health clinics will be conducted. This will include interviewing all 14 clinics to determine their training and technical assistance needs, including readiness to implement quality improvement initiatives to improve hypertension control. This labor-intensive assessment (reflected in staff salary lines) must be completed in SFY15 in order to determine the needs that will be met in SFY16 through direct training and technical assistance provided to participating rural health clinics. In SFY15, an "all hands on deck" approach will be necessary to set the stage for activities that will take place in SFY 16. Much time will be spent planning, coordinating with the Department, and engaging senior leadership/medical staff at rural health clinics. Additionally, a sub-contract with the University of New Hampshire for quality improvement and data reporting and a clinical content expert physician will be executed very early on in the project to assist with the initial assessment.

There are 14 Rural Health Clinics that serve New Hampshire's rural population. In 2013, the National Organization of State Offices of Rural Health conducted a needs assessment of all Rural Health Clinics on behalf of the Rural Health and Primary Care Section in the Division of Public Health Services. The National Organization of State Offices of Rural Health found that NH Rural Health Clinics' educational and training needs are not being met. A quarter of Rural Health Clinics report not receiving education about standard diagnostic tools for clinical purposes, cost reporting, and preparation for recertification; while another 15% report not receiving education about practice management or grant writing. Rural Health Clinic members are unaware of the learning and Technical Assistance opportunities provided by rural health organizations such as the National Association of Rural Health Clinics but reported willingness for various modes of education delivery (e.g. webinar, in-person, etc.). New Hampshire Rural Health Clinics reported closer ties with hospitals than with each other. Members report interest in networking with other Rural Health Clinics and the need for a mailing list server to facilitate communication across sites.

Should Governor and Executive Council not authorize this Request, NH Rural Health Clinics' educational, training and Technical Assistance needs will remain unmet, which will continue to impact their ability to effectively serve their patient population and provide quality care as a healthcare delivery system. Further, the ability to reduce the health and economic burden from heart disease and stroke through hypertension management may be jeopardized.

JSI Research & Training Institute, Inc., dba Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from January 26, 2015 through February 23, 2015.

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

As referenced in the Request for Proposals and in the contract, this competitively procured Agreement has the option to extend for two (2) additional year(s), contingent upon mutual agreement of the parties, availability of funding, satisfactory delivery of services, and subsequent approval by the Governor and Executive Council.

The following key performance measures shall be reported on quarterly and will be used to measure the effectiveness of the agreement:

- Proportion of Rural Health Clinics participating in Technical Assistance Network activities
- Proportion of Rural Health Clinics participating in educational sessions
- Proportion of Rural Health Clinics who rate the Technical Assistance Network as providing value
- Proportion of Rural Health Clinics participating in the Quality Improvement Project
- The Proportion of Rural Health Clinics that have a certified Electronic Health Record by the Office of the National Coordinator for Health Information Technology and the proportion that aren't certified, but that have received information about the Centers for Medicare and Medicaid Services Electronic Health Records incentive program
- Current use of Health Information Technology among Rural Health Clinics and their Technical Assistance needs
- Proportion of adults with known high blood pressure who have achieved blood pressure control

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

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



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

**NH Technical Assistance Network for
Rural Health Clinics**

15-DHHS-DPHS-RHPC-11

RFP Name

RFP Number

Reviewer Names

Bidder Name

1. CSI Solutions, LLC
2. Health Management Associates
3. JSI Research and Training Institute, Inc., dba
Community Health Institute
4. Bon HealthWatch


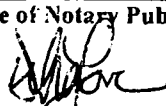
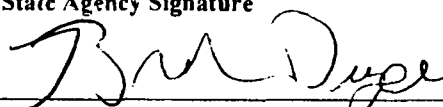
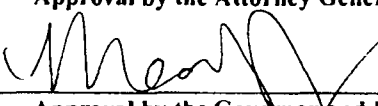
1. Alisa Druzba, Administrator
2. Tammy Norville, Adminstrator
3. Marisa Lara, Program Manager
4. Shelley Swanson, Administrator
5. Mary Holliday, Administrator

Percent	Maximum Points	Actual Points
77%	180	138
64%	180	116
87%	180	156
16%	180	28

Subject: NH Technical Assistance Network for Rural Health Clinics

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

I. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address Brown Building 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name JSI Research & Training Institute, Inc., d.b.a. Community Health Institute		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number 603-573-3300	1.6 Account Number 05-95-90-902010-1227-102-500731; 05-95-90-901010-7965-102-500731	1.7 Completion Date June 30, 2016	1.8 Price Limitation \$217,000
1.9 Contracting Officer for State Agency Eric D. Borrin, Director, Contracts and Procurement Unit		1.10 State Agency Telephone Number 603-271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart, Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>3/20/15</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] 			
1.13.2 Name and Title of Notary or Justice of the Peace DEBRA L. LOVE, Notary Public My Commission Expires October 16, 2018			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Brook Dupee, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director. On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Megan A. York, Attorney On: <u>4/6/15</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.


4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: 
Date: 3/20-15

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Exhibit A

SCOPE OF SERVICES

1. Project Description

The Contractor will provide Technical Assistance to New Hampshire Rural Health Clinics to directly benefit rural, low income, uninsured, Medicare and Medicaid New Hampshire populations by equipping Rural Health Clinics with the tools and resources necessary to effectively and efficiently serve their rural populations. This quality improvement project will increase utilization of Health Information Technology and Quality Improvement practices among Rural Health Clinics, and will lead to better Clinical Quality Measure reporting and improved disease management.

2. Required Activities

The Contractor shall:

- 2.1. Develop an ongoing Technical Assistance Network targeting all certified NH Rural Health Clinics for communication, learning and assessment in order to equip them with the tools and resources necessary to effectively and efficiently serve their rural populations.
- 2.2. Ensure the Technical Assistance Network will support innovative and effective access to quality health care services with a focus on the rural, low income, uninsured, Medicare and Medicaid populations of NH.
- 2.3. Determine Technical Assistance needs of NH Rural Health Clinics by interviewing each of the 14 NH RHCs to identify leadership and clinical champions, and to collect information on their needs specific to practice management, RHC recertification process, financial reporting, billing, data collection, reporting and quality improvement.
- 2.4. Deliver educational sessions to increase the use of Health Information Technology and monitoring of standardized quality measures for hypertension (HTN) control among NH Rural Health Clinics.
- 2.5. Technical Assistance Network:
 - 2.5.1. Develop a mailing list or other means for all of the NH Rural Health Clinics to communicate with each other, within 30 days of the effective date of contract approval
 - 2.5.2. Provide targeted incentives tied to access to current content; opportunities for professional development; and access to data and shared learning for maximized participation.
 - 2.5.3. Provide an introductory webinar in the first quarter of the project year to present the goals of the RHC TA Network, an overview of HTN measures, discussion of effective HIT utilization for measure collection, an introduction of the data collection process and tools, and discussion of the CMS EHR Incentive Programs.



Exhibit A

- 2.5.4. At a minimum, offer quarterly educational sessions (in-person, by webinar, and/or by online training) to the Rural Health Clinic Technical Assistance Network. If in-person, the session must be hosted in a central location
 - 2.5.5. Develop any necessary overview materials (e.g. Electronic Health Records, Health Information Technology, best practices and meaningful use, etc.) to be provided to the Rural Health Clinics (ongoing).
 - 2.5.6. Determine topic areas from the existing NH Rural Health Clinics Needs Assessment Report, from which Rural Health Clinics can select learning collaboratives/sessions to attend.
 - 2.5.7. Implement quarterly RHC satisfaction and engagement surveys to elicit feedback and evaluate overall effectiveness and value.
 - 2.5.8. Determine Technical Assistance needs of Rural Health Clinics (e.g. HIT, practice management, recertification, etc.), within 30 days of the effective date of contract approval.
- 2.6. Quality Improvement Project:
- 2.6.1. Create an inventory that names who the Rural Health Clinics report clinical quality measures to at state and/or federal Centers for Medicare and Medicaid Services level and what indicators they report for hypertension control, within 30 days of the effective date of contract approval.
 - 2.6.2. Determine HIT use and capacity by surveying all 14 NH RHCs.
 - 2.6.3. Determine needs of Rural Health Clinics to engage in hypertension-control Quality Improvement efforts and Clinical Quality Measure reporting, within 30 days of the effective date of contract approval
 - 2.6.4. Provide a QI action learning collaborative, co-led by CHI and IHPP, and Technical Assistance training to Rural Health Clinics related to hypertension control, and incorporate the use of Health Information Technology for Clinical Quality Measure reporting and monitoring, within 60 days of the effective date of contract approval.
 - 2.6.5. Assist Rural Health Clinics to capture baseline hypertension prevalence and hypertension control measures, in their respective Electronic Health Records, within 60 days of the effective date of contract approval
 - 2.6.6. Add NQF 0018 to the NHACP EMR Web Reporting Portal, in the first 60 days of the project.
 - 2.6.7. Implement the NHACP EMR Web Reporting Portal for RHCS participating in the HTN control QI project so that clinical outcome data can be uploaded
 - 2.6.7.1. Require RHCs to report on NQF 0018.



Exhibit A

- 2.6.8. Facilitate quarterly meetings with RHCs based on the findings from the needs assessment and baseline performance gap data, to implement evidence-based system improvement.
- 2.6.9. Incorporate PDSA cycles to evaluate the learning collaborative and report on the goals, measures, and interventions identified by the cycles.

3. Work Plan

The Contractor shall:

- 3.1. Work with the DHHS to finalize the year 1 work plan within 30 days of the effective date of the contract.
- 3.2. Draft and submit to the DHHS, the year 2 work plan 90 days prior to the end of year 1.
- 3.3. Work with the DHHS to finalize the year 2 work plan prior to the start of year 2.
- 3.4. Ensure that the work plan shall include activities, person(s) responsible, timeline, and target population.

4. Compliance and Reporting Requirements

4.1. Compliance Requirements

- 4.1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.

4.2. Reporting Requirements

- 4.2.1. Develop and submit a performance improvement report to DHHS, by June 30, 2015, which includes indicators 5.1.5 – 5.1.8., below.
- 4.2.2. The Contractor shall submit written progress reports on a semi-annual basis as well as a final report at the end of the contract. The report should outline progress on all deliverables, goals, objectives, and performance measures, and define any issues and barriers with meeting the minimum required services.
- 4.2.3. Develop and submit to the DHHS quarterly, a corrective action plan for any performance indicator/measure not achieved.
- 4.2.4. The Contractor shall develop and submit a final report to Department of Health and Human Services (DHHS) for each project year, by June 30, which includes determined topic areas from the existing NH Rural Health Clinics Needs Assessment Report, from which Rural Health Clinics can select learning collaboratives/sessions to attend
- 4.2.5. The Contractor shall attend meetings with representatives from the Department of Health and Human Services (DHHS) and, as requested, other state officials to report on program progress and financial accountability.



Exhibit A

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance measures are collected and reported on quarterly:
 - 5.1.1. Proportion of Rural Health Clinics participating in Technical Assistance Network activities
 - 5.1.2. Proportion of Rural Health Clinics participating in educational sessions
 - 5.1.3. Proportion of Rural Health Clinics who rate the Technical Assistance Network as providing value
 - 5.1.4. Proportion of Rural Health Clinics participating in the Quality Improvement Project
 - 5.1.5. The Proportion of Rural Health Clinics that have a certified Electronic Health Record by the Office of the National Coordinator for Health Information Technology and the proportion that aren't certified but that have received information about the Centers for Medicare and Medicaid Services Electronic Health Records incentive program
 - 5.1.6. Current use of Health Information Technology among Rural Health Clinics and their Technical Assistance needs determined by DHHS-approved survey.
 - 5.1.7. Technical Assistance needs of Rural Health Clinics to fully utilize the Electronic Health Records.
 - 5.1.8. Which Rural Health Clinics utilize the Electronic Health Records for Clinical Decision Support to enhance clinical workflow (e.g. alerts, guidelines, diagnostic support, patient registries, etc.)
 - 5.1.9. Proportion of health care systems with Electronic Health Records appropriate for treating patients with hypertension
 - 5.1.10. Proportion of Rural Health Clinics with Office of the National Coordinator for Health Information Technology certified Electronic Health Records that utilize the Electronic Health Records for Clinical Decision Support
 - 5.1.11. Proportion of Rural Health Clinic patients that are in health care systems with Electronic Health Records that utilize Clinical Decision Support, alerts, patient reminders, patients registries and other methods appropriate for treating patients with hypertension
 - 5.1.12. Proportion of Rural Health Clinics reporting on National Quality Forum (NQF) Measure 0018
 - 5.1.13. Proportion of adults with known high blood pressure who have achieved blood pressure control (obtain using data collected from the NHACP EMR Web Reporting Portal).

6. Staffing

The Contractor shall:

- 6.1. Maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.

Exhibit A - Scope of Services

Contractor Initials JS

Date 3-20-15



Exhibit A

- 6.2. Ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 6.3. Adhere to the Staffing Contingency Plan process of replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement.
- 6.4. Allocate additional resources to the Agreement in the event of inability to meet any performance standard.
- 6.5. Notify the DHHS of replacement staff.



Exhibit B

Method and Conditions Precedent to Payment

1) Funding Sources:

a. \$160,000 = 100% federal funds from the Centers for Disease Control and Prevention, CFDA #93.757, Federal Award Identification Number (FAIN), U58DP004821, \$80,000 in SFY 2015; \$80,000 in SFY 2016.

b. \$ 57,000 = 100% federal funds from the US Office of Health Resources and Services Administration, CFDA #93.913, Federal Award Identification Number (FAIN), 6 H95RH00149-22-01, \$27,000 in SFY 2015; \$30,000 in SFY 2016

\$217,000 Total

2) The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

a. Payment for said services shall be made as follows:

The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The final invoice shall be due to the State no later than thirty (30) days after the contract Completion Date.

b. The invoice must be submitted to:

Department of Health and Human Services
Division of Public Health Services
Email address: DPHScontractbilling@dhhs.state.nh.us

3) This is a cost-reimbursement contract. 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 Exhibit B-1 Budgets for SFY 2015 and SFY 2016, and reimbursement shall be made monthly based on actual costs incurred during the previous month. 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. DHHS funding may not be used to replace funding for a program already funded from another source.

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 upon compliance with reporting

Exhibit B – Methods and Conditions Precedent to Payment_Contractor Initials


3-20-15



Exhibit B

requirements and performance and utilization review. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

- 5) Contractors are accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.
- 6) 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.
- 7) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B – Methods and Conditions Precedent to Payment_Contractor Initials

Handwritten initials, possibly "JS", written in black ink.

Exhibit B-1 Budget Form

New Hampshire Department of Health and Human Services

JSI Research & Training Institute, Inc., d.b.a.

Bidder/Contractor Name: Community Health Institute

NH Technical Assistance Network for Rural

Budget Request for: Health Clinics

(Name of RFP)

Date of G&C Approval through June 30, 2015

Budget Period: (SFY 2015)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 18,805.62	\$ 2,487.98	\$ 21,293.60	
2. Employee Benefits	\$ 7,146.14	\$ -	\$ 7,146.14	HR 20%; Acct/Payroll 30%; Gen Admin 20% of indirect
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 1,109.54	\$ -	\$ 1,109.54	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,128.33	\$ -	\$ 1,128.33	
6. Travel	\$ 2,500.00	\$ -	\$ 2,500.00	
7. Occupancy	\$ 1,071.92	\$ -	\$ 1,071.92	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 658.19	\$ -	\$ 658.19	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ 1,066.28	\$ 1,066.28	Info Sys 30% of indirect
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 46,026.00	\$ -	\$ 46,026.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Incentives for Rural Health Clinics	\$ 25,000.00	\$ -	\$ 25,000.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 103,445.74	\$ 3,554.26	\$ 107,000.00	

Indirect As A Percent of Direct

3.4%

Exhibit B-1 - Budget

Contractor Initials: AK

Page 1 of 1

Date: 3-20-15

Exhibit B-1 Budget Form

New Hampshire Department of Health and Human Services

JSI Research & Training Institute, Inc., d.b.a.

Bidder/Contractor Name: Community Health Institute

NH Technical Assistance Network for Rural

Budget Request for: Health Clinics

(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 30,353.37	\$ 3,367.88	\$ 33,721.25	
2. Employee Benefits	\$ 11,534.28	\$ -	\$ 11,534.28	HR 20%; Acct/Payroll 30%; Gen Admin 20% of indirect
3. Consultants	\$ 2,538.00	\$ -	\$ 2,538.00	
4. Equipment:	\$ 1,789.71	\$ -	\$ 1,789.71	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 2,113.86	\$ -	\$ 2,113.86	
6. Travel	\$ 2,500.00	\$ -	\$ 2,500.00	
7. Occupancy	\$ 2,124.72	\$ -	\$ 2,124.72	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 1,301.80	\$ -	\$ 1,301.80	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ 1,443.38	\$ 1,443.38	Info Sys 30% of indirect
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 50,933.00	\$ -	\$ 50,933.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 105,188.74	\$ 4,811.26	\$ 110,000.00	

Indirect As A Percent of Direct

4.6%

Exhibit B-1 - Budget

Contractor Initials: JS

Page 1 of 1

Date: 3-20-15



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;

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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

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

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

3. Extension:
This agreement has the option for a potential extension of up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

4. Insurance
Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:

14.1.1 Comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence and umbrella liability coverage in the amount of \$1,000,000 per occurrence.