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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES
OFFICE OF HEALTH EQUITY

Jeffrey A. Meyers
Commissioner

97 PLEASANT STREET CONCORD, NH 03301-3857
603-271-3986 1-800-852-3345 Ext. 3986

Trinidad Tellez, MD
Director

Fax: 603-271-0824 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 5, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Health Equity, to enter into **retroactive** agreements with the two (2) vendors listed below, for the New Hampshire Refugee Health Promotion Program, in an amount not to exceed \$225,000, to provide health and mental health promotion services to newly arriving and vulnerable New Hampshire refugees to be effective **retroactive** to September 1, 2017, upon date of Governor and the Executive Council approval, through August 14, 2020. 100% Federal Funds

VENDOR	VENDOR ADDRESS	VENDOR NUMBER	BUDGET AMOUNT
Ascentria Community Services, Inc.	261 Sheep Davis Rd Suite A-1 Concord NH 03301	222201	\$112,500
International Institute of New England, Inc.	2 Boylston Street 3rd Floor Boston MA 02116	177551	\$112,500
		TOTALS	\$225,000

Funds are available in the following accounts for SFY 2018 and SFY 2019, and are anticipated to be available in SFY 2020, 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.

See attached Fiscal Details

EXPLANATION

This contract is a request for **retroactive** approval, to avoid a gap in services to our most medically vulnerable refugee clients. The awarding office, the U.S. DHHS Administration for Children

and Families, Office of Refugee Resettlement, was delayed in issuing the Notices of Award to all recipients, which delayed NH's DHHS in receiving and accepting the funds to be available for this contract.

Funds in these agreements will be used to streamline health promotion activities into all phases of the refugee resettlement process, from arrival to self-sufficiency, as well as to coordinate and support community-based outreach, education and orientation around health and mental health services and to build capacity to address identified health needs within refugee communities and to reduce barriers to achieving wellness.

To reduce barriers to achieving wellness within the refugee communities, the vendors will promote health literacy through health activities that address identified health needs and will reduce gaps in health services by ensuring that refugees obtain all needed health and mental health services beyond the refugee medical screening, in a timely manner that is culturally and linguistically appropriate. It is expected that promoting the health and emotional wellness of refugees during all phases of the resettlement process, will empower them to manage their health and health care, including health insurance, beginning at arrival to self-sufficiency.

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

Should Governor and Executive Council not authorize this Request, barriers in the refugee communities concerning health and wellness may not be achieved. Refugees may not become self-sufficient and may need to rely on other public assistance programs.

Ascentria Community Services, Inc., and International Institute of New England, Inc., were selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' website from June 12, 2017 through July 6, 2017.

The Department received three (3) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. Their decision followed a thorough discussion of the strengths and weaknesses of the proposals. The final decision was made through consensus scoring. The Bid Summary is attached.

The following performance measures/objectives will be used to measure the effectiveness of these contracts:

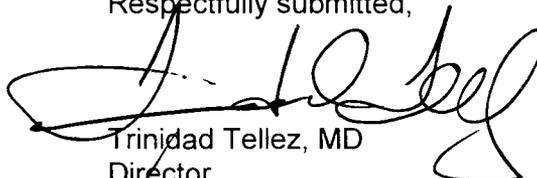
- Orientation to the U.S. health care system;
- Schedule and conduct workshops/health education classes;
- Provide and/or coordinate transportation assistance for health appointments beyond the initial health screening and health education trainings;
- Provide and/or coordinate interpreter/translation services for health education trainings;
- Schedule first appointments for refugee children within six (6) months of arrival;
- Assist refugees with obtaining affordable health insurance;
- Provide intensive case management to those with chronic or acute health conditions; and
- Advocate for refugees and provide education and orientation to various healthcare providers regarding CLAS, refugee populations, health needs and barriers;

Area served: Statewide

Source of Funds: 100% Federal Funds from the Administration for Children and Families, Office of Refugee Resettlement, Refugee and Entrant Assistance, State Administered Programs – Refugee health Promotion Grant, Federal Office of Refugee Resettlement.

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

Respectfully submitted,



Trinidad Tellez, MD
Director



Approved by: Jeffrey A. Meyers
Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Financial Detail Refugee Health Promo
FINANCIAL DETAIL

**05-95-042-421020-7922, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS:
 DIVISION OF HUMAN SERVICES, REFUGEE SERVICES**

**100% Federal Funds (U.S. DHHS, Administration for Children and Families, Office of Refugee Resettlement,
 Refugee & Entrant Assistance State Administered Programs, Refugee Health Promotion Grant, Federal
 office of Refugee Resettlement)**

Ascentria Community Services, Inc.

Vendor # 222201

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102 / 500731	Contracts for Program Svcs	42200012	32,609
SFY 2019	102 / 500731	Contracts for Program Svcs	42200012	37,500
SFY 2020	102 / 500731	Contracts for Program Svcs	42200012	37,500
SFY 2021	102 / 500731	Contracts for Program Svcs	42200012	4,891
		Sub Total		\$ 112,500

Internation Institute of New England, Inc.

Vendor # 177551

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102 / 500731	Contracts for Program Svcs	42200012	32,609
SFY 2019	102 / 500731	Contracts for Program Svcs	42200012	37,500
SFY 2020	102 / 500731	Contracts for Program Svcs	42200012	37,500
SFY 2021	102 / 500731	Contracts for Program Svcs	42200012	4,891
		Sub Total		\$ 112,500
		TOTAL		\$ 225,000.00



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

**New Hampshire Refugee Health
Promotion Program**

RFP-2018-OHE-02-REFUG

RFP Name

RFP Number

Bidder Name

1. Ascentria Community Services, Inc.
2. International Institute of New England, Inc.
3. Organization for Refugee and Immigrant Success
4. _____

Maximum Points	Actual Points
250	236
250	193
250	161

Reviewer Names

1. Trinidad Tellez, Sysytem Specialist, Minority Health
2. Anela Kruscica, Program Coordinator, Minority Health
3. Barbara Seebart, Program Specialist IV, Minority Health
4. Shawn Barry Program Spclst III, Minority Hlth Refugee Prog
5. Lauara McGlashan NH State Refugee Hlth Coordinator
6. Amy Parece-Grogan Prog Specialist IV, Minority Health

Subject: RFP-2018-OHE-02-REFUG-01

New Hampshire Refugee Health Promotion Program

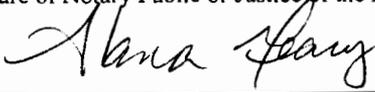
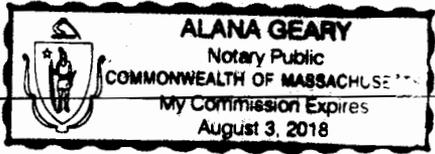
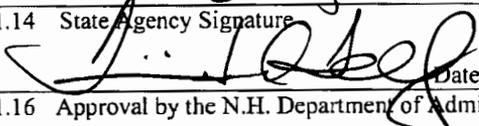
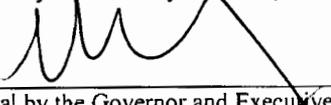
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Ascentria Community Services, Inc.		1.4 Contractor Address 261 Sheep Davis Road, Suite A-1 Concord, NH 03301	
1.5 Contractor Phone Number 603-224-8111	1.6 Account Number 05-95-42-4220-79220000-102-500731	1.7 Completion Date August 14, 2020	1.8 Price Limitation \$ 112,500
1.9 Contracting Officer for State Agency E. Maria Reinemann, Esq. Director of Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9330	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Tim Johnstone, Executive Vice President	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>Worcester</u> On <u>11/29/2017</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 Alana Geary, Notary Public			
1.14 State Agency Signature  Date: <u>12/6/17</u>		1.15 Name and Title of State Agency Signatory Truncated Tellez, Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>Megan A. [Signature] Attorney 12/7/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

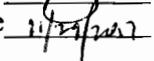
7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials

Date

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

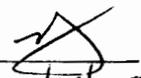
14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

Contractor Initials

Date


11/24/2017

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

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

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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

Contractor Initials 
Date 8/21/2017



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

2. Scope of Services

Under this contract, Ascentria Community Services, Inc., will promote the health and wellbeing of refugees resettled in New Hampshire, by providing services and activities that (1) promote the health literacy of refugees; (2) reduce gaps in health services to ensure that refugees obtain medical and mental health services beyond the initial health screening, including access to culturally and linguistically appropriate care, and affordable health insurance. This Agreement consists of the following documents: Exhibits A, B, C, C1, D, E, F, G, H, I, J and K which are all incorporated herein by reference as if fully set forth herein.

The Contractor shall perform the following services each year of the contract, which include, but are not limited to the following:

- 2.1. Designate a case manager to provide medical (including mental health) case management services to ensure all vulnerable refugees obtain health care to address complex health needs beyond the initial health exam, and affordable health insurance. Case management services shall include, but are not limited to: scheduling, coordinating, and accompanying clients to medical appointments; providing and/or facilitating the provision of transportation to and from the appointments; ensuring appropriate interpretation at the appointments; and assisting refugees with regard to obtaining affordable health insurance. Maintain documentation of the following:
 - 2.1.1. Overall number of refugees resettled in the reporting period;
 - 2.1.2. Number of initial domestic health examinations completed within 30, 60 and 90 days;


11/29/2017



-
- 2.1.3. Number of refugees receiving medical case management services to address complex health conditions beyond the initial domestic health examination;
 - 2.1.4. The demographics of the refugees served, including gender, age, primary language, and country fled;
 - 2.1.5. Number of refugees referred for follow-up services related to Dental Issues, Emergency Issues (ER), Tuberculosis, HIV, Mental Health, Infectious Disease, Physical Therapy, Prenatal Care, Hearing Issues, Vision Issues, and other conditions identified by the NH State Refugee Health Coordinator;
 - 2.1.6. Number of refugees assisted in obtaining affordable health insurance – both upon arrival, and at the time of transition off Refugee Medical Assistance.
- 2.2. Provide a thorough orientation to the U.S. Health Care system to all newly-arrived adult refugees – expanding on and reinforcing the health-related information provided in the Cultural Orientation – with an emphasis on the knowledge and skills refugees need to access and navigate the U.S. Health Care system independently. Health orientation topics shall include but not be limited to the following core components:
- 2.2.1. Types of Healthcare Providers and their roles (including primary care providers, specialists, and pharmacists);
 - 2.2.2. Medical Appointments, including making, keeping and cancelling appointments and what to bring to an appointment;
 - 2.2.3. Transportation options for medical appointments, including public transportation training and Medicaid transportation;
 - 2.2.4. Types of Health Care, including preventive, urgent and emergency care, and when, where and how to access each type;
 - 2.2.5. Medication, including the difference between prescriptions and over-the-counter medications, refills, dosage instructions and side-effects;
 - 2.2.6. Privacy and Consent Laws;
 - 2.2.7. The Right to Language Assistance in the Health Care Setting and the Role of Interpreters;
 - 2.2.8. Mental/Behavioral Health Care services in the U.S., including treatment for substance use disorders, and when, where and how to access services;
 - 2.2.9. Health insurance; and
 - 2.2.10. Adapt the health orientation curriculum, as appropriate, to accommodate the needs of new populations. Maintain documentation of the following:
 - 2.2.10.1. The number of refugees participating in the health orientation within six (6) months of arrival;
 - 2.2.10.2. The components completed.

New Hampshire Department of Health and Human Services
RFP-2018-OHE-02-REFUG
New Hampshire Refugee Health Promotion Program
Exhibit A



-
- 2.3. Provide group health orientations and individual health orientations, as needed, including one home visit, to reinforce and clarify the information presented in the group setting, and to address unique issues and concerns.
 - 2.4. Identify the primary health issues of concern in each of the various refugee communities.
 - 2.5. Facilitate the provision of at least six (6) health education classes to refugees on a variety of topics related to health and healthcare in the United States, including, but not limited to:
 - 2.5.1. Health insurance (terms, coverage requirements, options and the enrollment process);
 - 2.5.2. Disability (including autism);
 - 2.5.3. Women's health, (including domestic violence and reproductive health);
 - 2.5.4. Emotional Wellness;
 - 2.5.5. Lesbian, Gay, Bisexual and Transgender (LGBT) health;
 - 2.5.6. Oral health and hygiene; and
 - 2.5.7. Vision health;
 - 2.5.8. Provide health education on additional topics, as needed, based upon the identified health needs of the various refugee communities. Maintain documentation of the following:
 - 2.5.8.1. The number of refugees participating in each health education class;
 - 2.5.8.2. The topic of each class.
 - 2.6. Provide interpretation and translated materials to support the health orientations and education classes.
 - 2.7. Provide outreach and education - in collaboration with the Office of Health Equity - to health (including mental health) providers in the refugee resettlement network about refugee health needs and culture, continued adherence to the CDC Refugee Health Guidelines for the initial domestic medical examination, and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and healthcare.
 - 2.8. Develop and foster relationships with health (including mental health) providers outside the refugee resettlement network; provide education about refugee health needs and culture, barriers to care, the CDC Refugee Health Guidelines, and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and healthcare.
 - 2.9. Provide cultural background information to refugee health providers about any new refugee populations.


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- 2.10. Participate in National Alliance on Mental Illness (NAMI), Mental Health First Aid, and/or other similar trainings, as a means of preventing suicide and promoting emotional wellbeing in the refugee communities.
- 2.11. Support and/or assist with the provision of nonclinical interventions to promote refugee mental wellness, such as community adjustment support groups.
- 2.12. Support and/or assist with the regular, periodic screening of refugees for emotional distress using the Refugee Health Screener 15 (RHS-15) and/or another validated instrument; communicate results to primary care providers; facilitate referrals to behavioral health providers, as needed.
- 2.13. Participate in trainings in order to understand health insurance coverage and enrollment requirements on both the state and federal level.
- 2.14. Inform, coordinate and/or assist with efforts to coordinate community resources for the provision of health care services (such as dental care) that are not covered by Refugee Medical Assistance or other funding sources.
- 2.15. Schedule the first dental appointment for all refugee children within six (6) months of arrival.

3. Staffing

- 3.1. The contractor will provide adequate staff assigned to this program, either in-house or through subcontracts. Any sub-contracted staff must be identified as such by the contractor.
- 3.2. OHE reserves the right, with thirty (30) days advance notice, to disallow subcontractor use when the subcontractor's handling of staffing concerns is not satisfactory to OHE.
- 3.3. OHE reserves the right to remove any contracted employee from the program for unsatisfactory services.

4. Reporting

- 4.1. Submit two (2) semi-annual reports and a final program report, as prescribed by the grantor, the federal Office of Refugee Resettlement, to the New Hampshire Office of Health Equity.
- 4.2. The Contractor's assigned staff will track data on a monthly basis.
 - 4.2.1. The Program manager will roll up monthly data into overall project reporting for OHE.

5. Work Plan

- 5.1. The total population to be served by the Contractor includes refugees resettled through the program, asylees, and secondary migrants who have been in the United States for two (2) years or less, and any other qualified recipients such as victims of

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11/21/17

**New Hampshire Department of Health and Human Services
RFP-2018-OHE-02-REFUG
New Hampshire Refugee Health Promotion Program
Exhibit A**



trafficking, SIV's or other Office of Refugee Resettlement (ORR) designated eligible recipients arriving in the service areas.

- 5.2. The Contractor will focus on the geographic areas of Concord and Nashua.
- 5.3. The Contractor will have the following staff:
 - 5.3.1. One (1) Health Case Manager.
- 5.4. The Health Case Manager will work with refugees within five (5) days of arrival to make referrals for the Refugee Health Screening appointments at local health care provider facilities, which include but are not limited to:
 - 5.4.1. TB screening tests (IGRA);
 - 5.4.2. X-rays, if TB testing result is positive;
 - 5.4.3. Complete physical examination and may be referred for treatment of injuries, diseases or chronic conditions; and
 - 5.4.4. Coordinate transportation and interpretation services.
- 5.5. Contractor will conduct culturally and linguistically sensitive health orientations which will include, but not be limited to the following topics:
 - 5.5.1. Navigating the U.S. health care system;
 - 5.5.2. Health insurance, including Refugee Medical Assistance;
 - 5.5.3. Privacy and consent laws;
 - 5.5.4. The right to language assistance in health care settings and the role of interpreters;
 - 5.5.5. Transportation options (public, Medicaid);
 - 5.5.6. Understanding types of health care providers (primary care providers, specialists, pharmacists, etc.);
 - 5.5.7. Understanding types of health care (preventive, urgent, emergency);
 - 5.5.8. Understanding mental/behavioral health services (treatment for substance use disorders; when, where and how to access services);
 - 5.5.9. Scheduling, keeping and cancelling appointments;
 - 5.5.10. What to bring to appointments; and
 - 5.5.11. Medication (prescriptions, over-the-counter, refills, dosage instructions, side effects).
- 5.6. The Contractor will work closely with the NH State Refugee Health Coordinator (SRHC) in facilitating the provision of at least six (6) health education classes. Ongoing health and safety education sessions will address aspects of health care


Date 11/29/2018



and well-being relevant to refugee populations. Topics may include, but will not be limited to:

- 5.6.1. Health insurance terms, coverage requirements, options and the enrollment process;
 - 5.6.2. Disabilities (including autism);
 - 5.6.3. Women's health (including domestic violence and reproductive health) and men's health;
 - 5.6.4. Emotional wellness;
 - 5.6.5. Lesbian, Gay Bisexual and Transgender (LGBT) health;
 - 5.6.6. Oral hygiene;
 - 5.6.7. Vision health;
 - 5.6.8. Nutrition and benefits of exercise;
 - 5.6.9. HIV and TB risk reduction; and,
 - 5.6.10. Fire safety – e.g., smoke detectors, etc.
- 5.7. The Contractor will identify the primary health issues of concern in each of the various refugee communities and determine the topics that are most urgent or relevant on an ongoing basis which may include, but not be limited to pedestrian and bicyclist safety, and lead abatement.
- 5.8. The Contractor will provide health information and education in the relevant languages.
- 5.9. The Contractor will provide assistance with on-going support for follow-up appointments, advocate for and arrange for interpreters, other referrals as necessary and home visits, phone calls, which will include, but are not limited to:
- 5.9.1. Scheduling, coordinating and accompanying refugees to medical appointments;
 - 5.9.2. Scheduling the first dental appointment for all refugee children with six (6) months of arrival;
 - 5.9.3. Providing and/or facilitating the provision of transportation to and from appointments, including promoting independence in participating in own healthcare by providing bus training;
 - 5.9.4. Ensuring appropriate interpretation at appointments;
 - 5.9.5. Assisting refugees with obtaining affordable health insurance;
 - 5.9.6. Helping refugees access as well as understand the importance of routine and preventive health care as well as specialist care including mental health, dental, hearing and vision, tuberculosis, HIV, infectious disease, physical


Date 11/24/2017

New Hampshire Department of Health and Human Services
RFP-2018-OHE-02-REFUG
New Hampshire Refugee Health Promotion Program
Exhibit A



-
- therapy, prenatal care, emergency issues, or other conditions identified by the New Hampshire State Refugee Health Coordinator;
- 5.9.7. Informing/coordinating community resources for the provision of health care services not covered by RMA or other funding sources;
 - 5.9.8. Provide intensive case management for those refugees experiencing acute or chronic health conditions;
 - 5.9.9. Support the provision of nonclinical interventions, such as support groups, to promote refugee wellness and prevent suicide;
 - 5.9.10. Participate in the National Alliance on Mental Illness Mental Health First Aide or other similar trainings to inform practices;
 - 5.9.11. Support and/or assist with periodic screening of refugees for emotional distress using the Refugee Health Screener 15 (RHS-15) and communicate results and make referrals to health care providers as needed;
 - 5.9.12. Advocate on behalf of refugees and provide outreach and education (in collaboration with the Office of Health Equity) to healthcare providers regarding the National Standards for Culturally and Linguistically Appropriate Services (CLAS) as well as provide general information about refugee populations, cultural backgrounds, health needs and barriers to care, and the CDC Refugee Health Guidelines for the initial domestic medical examination; and,
 - 5.9.13. Develop relationships and establish linkages with providers not typically engaged in the resettlement network in order to increase access to health and mental health services.
- 5.10. The Contractor ensures a seamless and timely transition of services and is expected to do so regarding the transition of case management services from the refugee health assessment to all needed follow-up care beginning on day 91 of resettlement.
 - 5.11. The Contractor will monitor ongoing service needs and schedule out accordingly.
 - 5.12. The Contractor will work closely with health/mental health care providers to follow client's needs and facilitate case management services, and to the extent possible within client confidentiality rules, remain knowledgeable of clients' health conditions and treatment history beyond the bio-data, first health assessment and first follow-up appointments identified from the initial health screening.
 - 5.13. The Contractor will participate in trainings in order to understand health insurance coverage and enrollment requirements on both the state and federal level and will provide, on an ongoing basis, the following:
 - 5.13.1. Conduct outreach activities, education and training to refugees at various stages of resettlement to ensure they have access to affordable health insurance through the Marketplace or alternative sources; and,


Date 11/29/2017



5.13.2. Assist with accessing, navigating and enrolling in health insurance options through the Marketplace, expanded Medicaid or other financial assistance options – this includes the completion of applications.

6. Definitions

- 6.1. Department – NH Department of Health and Human Services
- 6.2. SNA – Services for New Americans
- 6.3. RMA – Refugee Medical Assistance
- 6.4. CLAS – Culturally and Linguistically Appropriate Services
- 6.5. FTE – Full-Time Equivalent
- 6.6. FTE RHPP – Full-Time Equivalent Refugee Health Promotion Program
- 6.7. SIV's – Special Immigrant Visas
- 6.8. OHE – Office of Health Equity
- 6.9. ORR – Office of Refugee Resettlement
- 6.10. RHPP – Refugee Health Promotion Program
- 6.11. RAC – Refugee Advisory Committee

7. Performance Measures

- 7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly to measure the effectiveness of the agreement:
 - 7.1.1. Project period, September 1, 2017 through August 14, 2020:
 - 7.1.1.1. All health-related orientations and workshops/trainings will be provided on a monthly and/or otherwise conveniently scheduled basis throughout the project period ;
 - 7.1.1.2. Newly arrived refugees and those who have been in the United States two (2) years or less will be prioritized;
 - 7.1.1.3. Written materials/resources will be identified and prioritized for translation. If new written materials are produced throughout the project, the Contractor will identify and prioritize for translation. Interpretation services will be coordinated consistently and regularly throughout the project period;
 - 7.1.1.4. All health and mental health-related referrals, scheduling of appointments, case management, and coordination of ancillary services such as transportation and interpretation will be provided on an ongoing basis throughout the project period. Those refugees with acute or chronic conditions will be further prioritized;
 - 7.1.1.5. Advocating on behalf of refugees and helping to educate and orient healthcare providers to the National CLAS standards, refugee populations, etc. will be delivered on an ongoing basis


11/21/2017



- through the project period. Development of relationships and linkages with providers outside of the refugee resettlement network will also be conducted on an ongoing basis;
- 7.1.1.6. Concord and Nashua communities will be targeted;
 - 7.1.1.7. Outreach, education, and training regarding affordable healthcare and assistance with accessing, navigating, and enrolling in health insurance will be provided to refugees at various stages of their resettlement throughout the project period. Assistance with determining options will be based on the point in time of the resettlement process;
 - 7.1.1.8. All required reporting will be completed on a trimester basis to the State Refugee Health Coordinator as well as at in-person meetings and on a semi-annual basis and submitted to OHE.
- 7.2. The Contractor will work collaboratively with OHE and other key stakeholders to adapt any performance targets if necessary.
- 7.3. The Contractor's planning and evaluation for RHPP will include the following:
- 7.3.1. Develop and collect linguistically-appropriate surveys/questionnaires that are built into health sessions and trainings;
 - 7.3.2. Track the following:
 - 7.3.2.1. Number of referrals made;
 - 7.3.2.2. Number of training sessions and participants;
 - 7.3.2.3. Number of consultations or point of contact with providers; and,
 - 7.3.2.4. Number of meetings and training sessions;
 - 7.3.3. Feedback with health service providers to learn how the coordination is working and make adjustments as necessary; and,
 - 7.3.4. Internal feedback with staff, particularly case managers (and other case management specialists) to evaluate the relevance of the orientations in order to implement necessary changes leading to anticipated improvements.
- 7.4. The Contractor will measure program outputs through the following which shall include but not be limited to:
- 7.4.1. Attendance at health orientations and workshops (number and percentage of new refugees);
 - 7.4.2. Follow up appointments after the first health screening (number and percentage);
 - 7.4.3. Number of referrals to health, behavioral or other services and number/percentage who kept appointments; and,
 - 7.4.4. Number and percentage enrolled in health insurance.

New Hampshire Department of Health and Human Services
RFP-2018-OHE-02-REFUG
New Hampshire Refugee Health Promotion Program
Exhibit A



-
- 7.5. The Contractor will measure the health literacy among refugees and improve their understanding of their health and of the American health system with a simple questionnaire offered at each workshop and orientation.
 - 7.6. The Contractor will solicit feedback from participants at trainings on the usefulness of topics, presentation style, etc. for future improvement.
 - 7.7. The Contractor will track the number of individuals participating and completing orientations/trainings/workshops as well as the topics of each training/class.
 - 7.8. The Contractor will measure the culturally/linguistically appropriate health and mental health services provided timely to refugees to help them achieve health and wellness by tracking the number and percentage of refugees receiving case management services and those referred for follow-up service, which will include:
 - 7.8.1. Refugee demographics;
 - 7.8.2. Number of providers receiving education/training.
 - 7.9. The Contractor will measure support services provided to refugees to increase their access to affordable health insurance by tracking the number and percentage of refugees accessing affordable health insurance upon arrival and when transitioning off of RMA.
 - 7.10. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

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A handwritten date in black ink, appearing to be "11/21/17".



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the Refugee and Entrant Assistance State Administered Programs, Refugee Health Promotion Grant, Federal Office of Refugee Resettlement, Catalog of Federal Domestic Assistance (CFDA) #93.576, Federal Award Identification Number (FAIN), 90RX0280-01-00.
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State no later than 30 days after the close of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within sixty (60) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State by September 15, 2020 as indicated in Form P-37, Block 1.7 Completion Date.
 - 2.5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to laura.mcglashan@dhhs.nh.gov, or invoices may be mailed to:

Laura McGlashan, NH State Refugee Health Coordinator
Department of Health and Human Services
Office of Health Equity
97 Pleasant Street, Thayer Building
Concord, NH 03301
 - 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.


Date 11/29/2017

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Ascentra Community Services, Inc.

Budget Request for: RHPP

RFP-2018-018-02-REFLAG-01

Budget Period: SFY 2018 (9/1/2017 - 6/30/2018)

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 14,957	\$ -	\$ -	\$ -	\$ 14,957	\$ -	\$ 14,957
2. Employee Benefits	\$ 4,337	\$ -	\$ -	\$ -	\$ 4,337	\$ -	\$ 4,337
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ 478	\$ -	\$ -	\$ -	\$ 478	\$ -	\$ 478
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 421	\$ -	\$ -	\$ -	\$ 421	\$ -	\$ 421
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 2,174	\$ -	\$ -	\$ -	\$ 2,174	\$ -	\$ 2,174
7. Occupancy	\$ 1,583	\$ -	\$ -	\$ -	\$ 1,583	\$ -	\$ 1,583
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 826	\$ -	\$ -	\$ -	\$ 826	\$ -	\$ 826
Postage	\$ 87	\$ -	\$ -	\$ -	\$ 87	\$ -	\$ 87
Subscriptions	\$ 217	\$ -	\$ -	\$ -	\$ 217	\$ -	\$ 217
Audit and Legal	\$ 261	\$ -	\$ -	\$ -	\$ 261	\$ -	\$ 261
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 52	\$ -	\$ -	\$ -	\$ 52	\$ -	\$ 52
11. Staff Education and Training	\$ 435	\$ -	\$ -	\$ -	\$ 435	\$ -	\$ 435
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (miscellaneous)	\$ 2,609	\$ -	\$ -	\$ -	\$ 2,609	\$ -	\$ 2,609
TOTAL	\$ 28,437	\$ 4,172	\$ -	\$ -	\$ 28,437	\$ 4,172	\$ 32,609
Indirect As A Percent of Direct		14.67%					

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Date

11/27/2017
Date

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Ascentria Community Services, Inc.

Budget Request for: RHPP

RFP# 2018-01NE-02-REFUG-01

Budget Period: 7/1/2018 - 6/30/2019

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 17,200	\$ -	\$ -	\$ -	\$ 17,200	\$ -	\$ 17,200
2. Employee Benefits	\$ 4,988	\$ -	\$ -	\$ -	\$ 4,988	\$ -	\$ 4,988
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ 550	\$ -	\$ -	\$ -	\$ 550	\$ -	\$ 550
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 485	\$ -	\$ -	\$ -	\$ 485	\$ -	\$ 485
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 2,500	\$ -	\$ -	\$ -	\$ 2,500	\$ -	\$ 2,500
7. Occupancy	\$ 1,820	\$ -	\$ -	\$ -	\$ 1,820	\$ -	\$ 1,820
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 950	\$ -	\$ -	\$ -	\$ 950	\$ -	\$ 950
Postage	\$ 100	\$ -	\$ -	\$ -	\$ 100	\$ -	\$ 100
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 250	\$ -	\$ -	\$ -	\$ 250	\$ -	\$ 250
Insurance	\$ 300	\$ -	\$ -	\$ -	\$ 300	\$ -	\$ 300
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 60	\$ -	\$ -	\$ -	\$ 60	\$ -	\$ 60
11. Staff Education and Training	\$ 500	\$ -	\$ -	\$ -	\$ 500	\$ -	\$ 500
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (interpreters)	\$ 3,000	\$ -	\$ -	\$ -	\$ 3,000	\$ -	\$ 3,000
TOTAL	\$ 32,703	\$ 4,797	\$ -	\$ -	\$ 32,703	\$ 4,797	\$ 37,500

Indirect As A Percent of Direct 14.67%

Initial

11/29/2012
Date

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: Ascentria Community Services, Inc.

Budget Request for: RHPP

RFP#2018-01E-02-REFUG-01

Budget Period: 7/1/2019 - 6/30/2020

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 17,200	\$ -	\$ -	\$ -	\$ 17,200	\$ -	\$ 17,200
2. Employee Benefits	\$ 4,988	\$ -	\$ -	\$ -	\$ 4,988	\$ -	\$ 4,988
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ 550	\$ -	\$ -	\$ -	\$ 550	\$ -	\$ 550
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ 485	\$ -	\$ -	\$ -	\$ 485	\$ -	\$ 485
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 2,500	\$ -	\$ -	\$ -	\$ 2,500	\$ -	\$ 2,500
7. Occupancy	\$ 1,820	\$ -	\$ -	\$ -	\$ 1,820	\$ -	\$ 1,820
8. Current Expenses:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 950	\$ -	\$ -	\$ -	\$ 950	\$ -	\$ 950
Postage	\$ 100	\$ -	\$ -	\$ -	\$ 100	\$ -	\$ 100
Subscriptions	\$ 250	\$ -	\$ -	\$ -	\$ 250	\$ -	\$ 250
Audit and Legal	\$ 300	\$ -	\$ -	\$ -	\$ 300	\$ -	\$ 300
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 60	\$ -	\$ -	\$ -	\$ 60	\$ -	\$ 60
11. Staff Education and Training	\$ 500	\$ -	\$ -	\$ -	\$ 500	\$ -	\$ 500
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (interpreters)	\$ 3,000	\$ -	\$ -	\$ -	\$ 3,000	\$ -	\$ 3,000
TOTAL	\$ 32,703	\$ 4,797	\$ -	\$ -	\$ 32,703	\$ 4,797	\$ 37,500

14.67%

Indirect As A Percent of Direct

Indirect
Date 11/21/2017
Page 1

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Ascentria Community Services, Inc.

Budget Request for: RHPP

RFP-2018-ONE-02-REFUG-01

Budget Period: 7/1/20 - 6/30/21

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 2,243	\$ -	\$ -	\$ -	\$ 2,243	\$ -	\$ 2,243
2. Employee Benefits	\$ 651	\$ -	\$ -	\$ -	\$ 651	\$ -	\$ 651
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ 72	\$ -	\$ -	\$ -	\$ 72	\$ -	\$ 72
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ 63	\$ -	\$ -	\$ -	\$ 63	\$ -	\$ 63
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 326	\$ -	\$ -	\$ -	\$ 326	\$ -	\$ 326
7. Occupancy	\$ 237	\$ -	\$ -	\$ -	\$ 237	\$ -	\$ 237
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 124	\$ -	\$ -	\$ -	\$ 124	\$ -	\$ 124
Postage	\$ 13	\$ -	\$ -	\$ -	\$ 13	\$ -	\$ 13
Subscriptions	\$ 33	\$ -	\$ -	\$ -	\$ 33	\$ -	\$ 33
Audit and Legal	\$ 39	\$ -	\$ -	\$ -	\$ 39	\$ -	\$ 39
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Marketing/Communications	\$ 8	\$ -	\$ -	\$ -	\$ 8	\$ -	\$ 8
Staff Education and Training	\$ 65	\$ -	\$ -	\$ -	\$ 65	\$ -	\$ 65
Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (interpreters):	\$ 391	\$ -	\$ -	\$ -	\$ 391	\$ -	\$ 391
TOTAL	\$ 4,266	\$ 626	\$ -	\$ -	\$ 4,266	\$ 626	\$ 4,891

14.87%

Indirect As A Percent of Direct

[Signature]
Date 11/21/2017



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;

[Handwritten Signature]
11/21/17

New Hampshire Department of Health and Human Services
Exhibit C



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

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

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

Handwritten initials "J" and "P" and the date "11/29/17".

New Hampshire Department of Health and Human Services
Exhibit C



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

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

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

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

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

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

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



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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

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

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

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

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis

[Handwritten Signature]
Date 11/29/12

New Hampshire Department of Health and Human Services
Exhibit C



- 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.

Handwritten signature and date: 11/22/17



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.


Date 11/29/2017



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency


11/29/2017

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

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

Contractor Name: Ascentria Community Services, Inc.

11/24/2017
Date


Name: Tim Johnstone
Title: Executive Vice President

Contractor Initials 
Date 11/24/2017



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

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

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

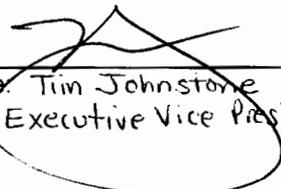
The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Contractor Name: Ascendria Community Services, Inc.

11/29/2017
Date


Name: Tim Johnstone
Title: Executive Vice President



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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

[Handwritten Signature]
11/24/2017



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

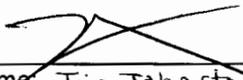
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Ascentia Community Services, Inc.

11/29/2017
Date


Name: Tim Johnstone
Title: Executive Vice President

Contractor Initials 
Date 11/29/2017



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

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

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

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

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

Exhibit G

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

Contractor Initials

A handwritten signature in black ink, appearing to be a stylized 'S' or similar character.

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name: Ascentria Community Services, Inc.

11/29/2017
Date


Name: Tim Johnstone
Title: Executive Vice President

Exhibit G

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

Contractor Initials





CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: *Ascentria Community Services, Inc.*

11/29/2017
Date


Name: *Tim Johnstone*
Title: *Executive Vice President*


[Signature]
11/29/2017



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



Exhibit I

- i. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

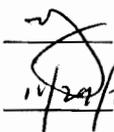

11/29/2017



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

3/2014

Contractor Initials


Date 11 Jun 2017



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

[Signature]
Signature of Authorized Representative

Trinidad Tellez
Name of Authorized Representative

Director, Office of Health Equity
Title of Authorized Representative

12/6/17
Date

Ascentria Community Services, Inc.
Name of the Contractor

[Signature]
Signature of Authorized Representative

Tom Johnstone
Name of Authorized Representative

Executive Vice President
Title of Authorized Representative

11/29/2017
Date



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

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

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

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

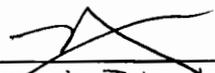
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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

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

Contractor Name: Ascentria Community Services, Inc.

Date 11/29/2017


Name: Tim Johnstone
Title: Executive Vice President



FORM A

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

1. The DUNS number for your entity is: 965875664
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

[Signature]
11/21/2017



Exhibit K

DHHS INFORMATION SECURITY REQUIREMENTS

1. Confidential Information: In addition to Paragraph #9 of the General Provisions (P-37) for the purpose of this SOW, the Department's Confidential information includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Personal Health Information (PHI), Personally Identifiable Information (PII), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.
2. The vendor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services. Minimum expectations include:
 - 2.1. Contractor shall not store or transfer data collected in connection with the services rendered under this Agreement outside of the United States. This includes backup data and Disaster Recovery locations.
 - 2.2. Maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).
 - 2.3. Maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
 - 2.4. Encrypt, at a minimum, any Department confidential data stored on portable media, e.g., laptops, USB drives, as well as when transmitted over public networks like the Internet using current industry standards and best practices for strong encryption.
 - 2.5. Ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
 - 2.6. Provide security awareness and education for its employees, contractors and sub-contractors in support of protecting Department confidential information
 - 2.7. Maintain a documented breach notification and incident response process. The vendor will contact the Department within twenty-four 24 hours to the Department's contract manager, and additional email addresses provided in this section, of a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
 - 2.7.1. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

Breach notifications will be sent to the following email addresses:

 - 2.7.1.1. DHHSChiefInformationOfficer@dhhs.nh.gov
 - 2.7.1.2. DHHSInformationSecurityOffice@dhhs.nh.gov
 - 2.8. If the vendor will maintain any Confidential Information on its systems (or its sub-contractor systems), the vendor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed


11/29/2017

New Hampshire Department of Health and Human Services

Exhibit K



by the vendor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion, or otherwise physically destroying the media (for example, degaussing). The vendor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and the vendor prior to destruction.

- 2.9. If the vendor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the vendor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the vendor, including breach notification requirements.
3. The vendor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the vendor and any applicable sub-contractors prior to system access being authorized.
4. If the Department determines the vendor is a Business Associate pursuant to 45 CFR 160.103, the vendor will work with the Department to sign and execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
5. The vendor will work with the Department at its request to complete a survey. The purpose of the survey is to enable the Department and vendor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the vendor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the vendor, or the Department may request the survey be completed when the scope of the engagement between the Department and the vendor changes. The vendor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the appropriate authorized data owner or leadership member within the Department.
6. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

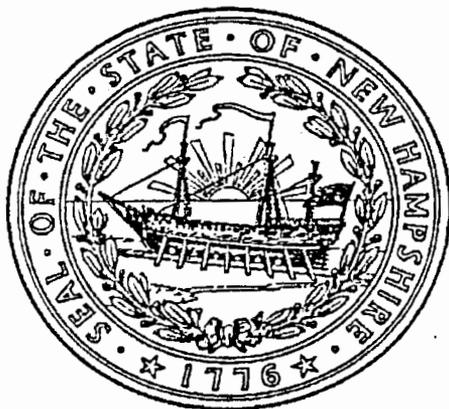
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ASCENTRIA COMMUNITY SERVICES, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on June 13, 2011. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 652197



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 6th day of April A.D. 2017.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Elena Garcias-Ketnouvong, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Ascentria Community Services, Inc., (formerly known as Lutheran Community Services, Inc.).
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on September 29, 2016:

Resolved that the president and executive vice presidents are hereby authorized on behalf of this Corporation to execute any and all amendments, agreements, leases, contracts and other instruments, and any amendments, revisions, or modifications thereto, as may be deemed necessary, desirable or appropriate by the CEO, board of directors or executive committee in accordance with the agency signing authority policy.

3. The following person(s) (has) (have) been duly elected and now occupy the office(s) indicated below.

- Angela Bovill President
- Tim Johnstone Executive Vice President
- Dana Ramish Executive Vice President
- James Coyle Executive Vice President
- Nicholas Russo Treasurer
- Elena Garcias-Ketnouvong Clerk

4. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 29 day of November, 2017.
(Date Contract Signed)

5. Tim Johnstone is the duly elected Executive Vice President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Elena Garcias-Ketnouvong
(Signature of the Elected Officer)

STATE OF ~~NEW HAMPSHIRE~~ Massachusetts

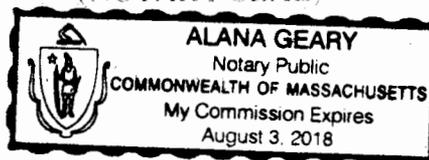
County of Worcester

The forgoing instrument was acknowledged before me this 31st day of November, 2017.

By Elena Garcias-Ketnouvong.
(Name of Elected Officer of the Agency)

Alana Geary
(Notary Public/Justice of the Peace)
(NOTARY SEAL)

Commission Expires: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/27/2017

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 Hays Companies 133 Federal Street, 4th Floor Boston MA 02110	CONTACT NAME: Tina Housman PHONE (A/C, No, Ext): E-MAIL ADDRESS: thousman@hayscompanies.com FAX (A/C, No):
INSURED Ascentria Care Alliance 14 East Worcester Street Suite 300 Worcester MA 01604	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Companies 92535 INSURER B: Philadelphia Indemnity Ins Co 18058 INSURER C: Employers Insurance Company of 21458 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 17-18 Master REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADCL SUBR NSR 1/2/3	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1717411	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PHPK1717408	10/1/2017	10/1/2018	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 EXCESS LIAB DED RETENTIONS	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	PHUB556695	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCC-611-262252-017	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER State NH-DHHS 129 Pleasant St., Brown Bldg Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE James Hays/TROTHE
--	--

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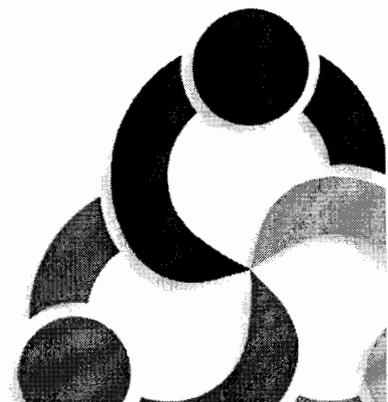


Mission statement:

We are called to strengthen communities by empowering people to respond to life's challenges.

Vision statement:

We envision thriving communities where everyone has the opportunity to achieve their full potential regardless of background or disadvantage. We become recognized leaders for innovative community services. Together with our partners, we inspire people to help one another reach beyond their current circumstances and realize new possibilities.



ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY

**UNIFORM FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEAR ENDED JUNE 30, 2016

ASCENTRIA COMMUNITY SERVICES, INC.
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**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
AUDITOR DISCLOSURE INFORMATION
JUNE 30, 2016**

Lead Auditor

Timothy Warren
CliftonLarsonAllen LLP
300 Crown Colony Drive, Suite 310
Quincy, MA 02169
(617) 984-8100

EIN 41-0746749



CliftonLarsonAllen LLP
CLAconnect.com

CliftonLarsonAllen

INDEPENDENT AUDITORS' REPORT

Board of Directors
Ascentria Community Services, Inc. and Subsidiary
Worcester, Massachusetts

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Ascentria Community Services, Inc. and Subsidiary, which comprise the consolidated statement of financial position as of June 30, 2016, and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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.

Auditors' 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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' 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 consolidated financial position of Ascentria Community Services, Inc. and Subsidiary as of June 30, 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information – Schedule of Expenditures of Federal Awards

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is also presented for purposes of additional analysis and is not a required part of the basic financial statements. The schedule of expenditures of federal awards is the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the consolidated financial statements. Such 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 as a whole.

Other Information – Uniform Financial Reporting

The prior year summarized comparative information has been derived from the Organizations' June 30, 2015 financial statements and, in our report dated December 9, 2015, we expressed an unmodified opinion on those financial statements. This includes certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organizations' financial statements for the year ended June 30, 2015.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements. The supplementary information included in Schedules A and B and the supporting schedules thereto is presented solely for purposes of additional analysis as required by the Commonwealth of Massachusetts, and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we do not express an opinion on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 15, 2016, on our consideration of Ascentria Community Services, Inc. and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters.

Board of Directors
Ascentria Community Services, Inc. and Subsidiary

Other Reporting Required by *Government Auditing Standards*

The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the result of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Ascentria Community Services, Inc. and Subsidiary's internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

Boston, Massachusetts
December 15, 2016

UNIFORM FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

COVER PAGE - Page 1 of 1

For the Year Ended: 6/30/2016 Filed Electronically? (Y/N): Y

Filing Organization: Ascentria Community Services, Inc. (legal name)

Other corporate names & FEINs if applicable: Ascentria Community Care, Inc. (Use for consolidated financial statements.)

Federal Employer Identification Number (FEIN) for Filing Entity - 9 digits: 04356243
452712474

Business Address: 14 East Worcester Street, Suite 300 Worcester (City) MA 01604 (State) (Zip)

Senior Director of Finance: LaBossiere (Last Name) 774-243-3900 (Phone - Area Code / Number) Worcester (City) MA 01604 (State) (Zip)

CPA: CliftonLarsonAllen LLP CPA's E-mail Address: tim.warren@clconnect.com E-mail address: slabossiere@ascentria.org

CPA Firm's Current Mass. License #: 901 CPA's E-mail Address: tim.warren@clconnect.com A-133 Audit Submitted? (Y/N): Y

CPA Firm's Federal Employer Id. (FEIN) #: 410746749 Have basic F/S been audited? (Y/N): Y

Management Company Name: Ascentria Care Alliance, Inc. For-Profit Organization: NO Date of Org./Incorp.: 6/21/2001 UFR Exemption/Exception Code#:

Organization Type Code: C If Yes, Date of Exemption: 6/27/2002 Special Education (SPED) Contractor (Y/N): N

501(c)(3) Federal Tax Exempt (Y/N): Y Cost Allocation Method Code: MD (MD/YYYY) Program Performance Report (Internet system) is not required: Principal Purch. Agency: DSS

Primary Contractor(s):

Program Number	Program Name	Subcontractor Name	Street	City	State	Zip Code	Program Description	MMARS Prog. Code
2	Program to Enhance Elder Services (PEERS)		593 Main Street	West Springfield	MA	01089	Elder Refugee Services	2022
6	Therapeutic Foster Care/After Care		139 Pleasant Street	Brockton	MA	02301	Therapeutic Foster Care and After Care	RESO
7	Ruth House		533 Main Street	Brockton	MA	02301	Teen Living Program	CTIO
8	Forsberg Independent Living Program		84 Highland Street	Worcester	MA	01609	Adult Independent Living Program	3798
10	Florence House		414 Cambridge Street	Worcester	MA	01609	Teen Living Program	5005
12	URMP Foster Care		1310 Centre Street	Newton	MA	02459	Unaccompanied Refugee Minor Program	CSSU
18	Refugee Job Services, Worcester		30 Harvard Street	Worcester	MA	01609	Refugee Services	2021
19	Refugee Job Services, West Springfield		593 Main Street	West Springfield	MA	01089	Refugee Services	2021
20	Refugee Case Management		593 Main Street	West Springfield	MA	01089	Refugee Services	2020
21	Non Commonwealth Funded Refugee Programs		593 Main Street	West Springfield	MA	01069	Refugee Services	AMSS
25	Massachusetts Adoption		20 Hamilton Street	Worcester	MA	01069	Adoption Program	FBSS
28	Young Parents Support		553 North Main Street	Brockton	MA	02103	Teen Living Program	2021
29	Employment Support Services		593 North Main Street	West Springfield	MA	01089	Refugee Services	2021
32	Targeted Assistance Grant		27 Elm Street	Westfield	MA	01085	Targeted Assistance Grant	2021
34	Creative Living DMR		288 South Main Street	Andover	MA	01810	Lutheran Community Creative Living	3798
35	Department of Education		593 North Main Street	West Springfield	MA	01069	Department of Education	2023
37	CNAP		593 North Main Street	West Springfield	MA	01089	CNAP	2024
43	Refugee School Impact (RSI) Program		51 Union Street, Suite 222	Worcester	MA	01609	Refugee Services	2022
44	Social Adjustment Services (SAS)		593 Main Street	West Springfield	MA	01089	Refugee Services	2024
60	MassREAP		14 East Worcester Street	Worcester	MA	01604	Refugee Services	2021
53	Other Non Massachusetts Programs		261 Sheep Davis Road, Suite A-1	Concord	NH	03301	Out of State Organization Mission	
54	Bridgeway House		659 Summer Street	Brockton	MA	02302	Residential Services	3753
55	Refugee Preventative Health Education		51 Union Street	Worcester	MA	01609	Refugee Services	2025
56	Refugee Independence through Service Enhancement		51 Union Street	Worcester	MA	01609	Refugee Services	
57	DRIVE		593 Main Street	West Springfield	MA	01089	Employment Services	
58	Victims of Crime		14 East Worcester Street	Worcester	MA	01604	Refugee Services	2949
59	Supplemental Nutrition Assistance Program		593 Main Street	West Springfield	MA	01089	Refugee Services	2200
60	Adaptive Assistance	Good News Garage, Inc.	261 Sheep Davis Road, Suite A-1	Concord	NH	03301	Car Donation	

Note: If your agency is exempt from filling this report (see instructions) complete this cover page only and submit it along with documentation to support the basis of the exemption.

ORGANIZATION : <u>Ascentria Community Services, Inc.</u>		FEIN: <u>043566243</u>					
STATEMENT OF FINANCIAL POSITION AS OF <u>06/30/2016</u>		WITH COMPARATIVE TOTALS AS OF <u>6/30/2015</u>					
(BALANCE SHEET)							
		CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TOTAL LAST YEAR
1	ASSETS						
2	Cash and Cash Equivalents	69,841				69,841	872,153
3	Accounts Receivable, Program Services	3,575,416				3,575,416	3,872,897
4	Allowance for Doubtful Accounts	(25,080)				(25,080)	(32,950)
5	Net Accounts Receivable, Program Services	3,550,336				3,550,336	3,839,947
6	Contributions Receivable						
7	Notes Receivable						
8	Prepaid Expenses	73,588				73,588	127,002
9	Other Accounts Receivable	766,424				766,424	599,095
10	Other Current Assets						349,500
11	Short-Term Investments						
12	TOTAL CURRENT ASSETS	4,460,189				4,460,189	5,787,697
13	Land, Buildings, and Equipment		2,313,473			2,313,473	2,205,444
14	Accumulated Depreciation		(1,496,599)			(1,496,599)	(1,624,750)
15	Net Land, Buildings and Equipment		816,874			816,874	580,694
16	Long-Term Investments						
17	Other Assets	665,920				665,920	389,613
18	Due From Other Funds	5,126,109	816,874			5,942,983	6,758,004
19	TOTAL ASSETS						
20		520,858				520,858	562,317
21	LIABILITIES AND NET ASSETS						
22	Accounts Payable						
23	Subcontract Payable						
24	Accrued Expenses	999,243				999,243	1,473,429
25	Current Notes Payable						
26	Current Portion Long-Term Debt		31,404			31,404	37,707
27	Deferred Revenue	170,711				170,711	127,617
28	Other Current Liabilities	14,369				14,369	361,290
29	TOTAL CURRENT LIABILITIES	1,705,181	31,404			1,736,585	2,562,360
30	Long-Term Notes & Mortgage Payable		538,943			538,943	913,319
31	Other Liabilities						
32	Due to Other Funds	1,705,181	570,347			2,275,528	3,475,679
33	TOTAL LIABILITIES						
34		2,587,117	246,527			2,833,644	2,626,083
35	Unrestricted	833,811				833,811	656,242
36	Temporarily Restricted						
37	Permanently Restricted						
38	TOTAL NET ASSETS	3,420,928	246,527			3,667,455	3,282,325
39	TOTAL LIABILITIES AND NET ASSETS	5,126,109	816,874			5,942,983	6,758,004

See Accompanying Notes to the Financial Statements

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED		06/30/2016	WITH COMPARATIVE TOTALS FOR THE YEAR ENDED		06/30/2015	
		UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL THIS YEAR	TOTAL LAST YEAR
REVENUES, GAINS, AND OTHER SUPPORT						
1 Contributions, Gifts, Legacies, Bequests & Special Events						
2 In-Kind Contributions						
3 Grants		21,840,195			21,840,195	23,239,065
4 Program Service Fees		13,598,641			13,598,641	12,971,720
5 Federated Fundraising Organization Allocation						
6 Investment Revenue		72,023			72,023	83,454
7 Revenue from Commercial Products & Services		282,562			282,562	495,213
8 Other						
9 Net Assets Released From Restrictions:						
10 Satisfaction of Program Restrictions		263,494	(263,494)	0		
11 Satisfaction of Equipment Acquisition Restrictions						
12 Expiration of Time Restrictions						
13 TOTAL REVENUE, GAINS, AND OTHER SUPPORT		<u>36,056,915</u>	<u>(263,494)</u>	<u>35,793,421</u>	<u>36,789,452</u>	
EXPENSES AND LOSSES						
14 Administration (Management & General)		5,647,060			5,647,060	5,160,540
15 Fundraising		10,239			10,239	3,740
16 Total Program Services		30,514,164			30,514,164	31,295,345
17 TOTAL EXPENSES		<u>36,171,463</u>			<u>36,171,463</u>	<u>36,459,625</u>
18 Losses						275,663
19 TOTAL EXPENSES AND LOSSES		<u>36,171,463</u>			<u>36,171,463</u>	<u>36,735,308</u>
CHANGES IN NET ASSETS:						
20 Property & Equipment Acquisitions from Unrestricted Funds						
21 Transfer of Realized Endowment Fund Appreciation						
22 Return to Donor						
23 Other Increases (Decreases)		322,109	441,063		763,172	59,536
24 TOTAL CHANGES IN NET ASSETS		<u>207,561</u>	<u>177,569</u>		<u>385,130</u>	<u>113,680</u>
25 NET ASSETS AT BEGINNING OF YEAR		<u>2,626,083</u>	<u>656,242</u>		<u>3,282,325</u>	<u>3,168,645</u>
26 NET ASSETS AT END OF YEAR		<u>2,833,644</u>	<u>833,811</u>		<u>3,667,455</u>	<u>3,282,325</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc.

FEIN: 043566243

STATEMENT OF CASH FLOWS for the YEAR ENDED

06/30/2016

INDIRECT METHOD

		TOTAL
	Cash Flows from Operating Activities:	
1	Changes in Net Assets	207,561
	Adjustments to Reconcile Change In Net Assets to Net	
	Cash provided by/(used in) Operating Activities:	
2	Depreciation	117,249
3	Losses	
4	Increase/Decrease in Net Accounts Receivable	246,886
5	Increase/Decrease in Prepaid Expenses	53,414
6	Increase/Decrease in Contributions Receivable	
7	Increase/Decrease in Accounts Payable	(41,459)
8	Increase/Decrease in Accrued Expenses	(474,187)
9	Increase/Decrease in Deferred Revenue	43,094
10	Increase/Decrease in Subcontract Payable	(346,921)
11	Contributions Restricted for Long-Term Investment	
12	Net Unrealized and Realized Gains on Long-Term Investments	
13	Other Cash Used in/Provided by Operating Activities	(484,884)
14	Net Cash Provided by/(used in) Operating Activities	(679,247)
	Cash Flows from Investing Activities:	
15	Insurance Proceeds	
16	Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)	(75,429)
17	Proceeds from Sale(s) of Investments	612,800
18	Purchase(s) of Investments	
19	Purchase(s) of Assets Restricted To Long-Term Investment	
20	Other Investing Activities	(84,708)
21	Net Cash Provided by/(used in) Investing Activities	452,663
	Cash from Financing Activities:	
	Proceeds from Contributions Restricted For:	
22	Investment in Endowment	
23	Investment in Term Endowment	
24	Investment in Plant (Land Bldgs. & Equip.)	
	Other Financing Activities:	
25	Contributions Restricted for Long-Term Investment	
26	Interest and Dividends Restricted for Reinvestment	
27	Payments on Notes Payable	
28	Payments on Long-Term Debt	(380,679)
29	Other Finance Payments/Receipts	(195,049)
30	Net Cash Provided by/(used in) Financing Activities	(575,728)

See Accompanying Notes to the Financial Statements

ORGANIZATION : Ascentria Community Services, Inc.

FEIN: 043566243

STATEMENT OF CASH FLOWS for the YEAR ENDED 06/30/2016

INDIRECT METHOD

31	Net Increase/(Decrease) in Cash and Cash Equivalents	<u>(802,312)</u>
32	Cash and Cash Equivalents at Beginning of Year	<u>872,153</u>
33	Cash and Cash Equivalents at End of Year	<u><u>69,841</u></u>

Supplemental Disclosure of Cash Flow Information:

34	Cash Paid During the Year for Interest	<u>38,640</u>
35	Cash Paid During the Year for Taxes/Other	<u> </u>

Supplemental Data for Noncash Investing and Financing Activities:

36	Gifts of Equipment	<u> </u>
37	Other Noncash Investing and Financing Activities	<u> </u>
38		<u> </u>
39		<u> </u>
40		<u> </u>

See Accompanying Notes to the Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/2016

	SUPPORTING SERVICES			PROGRAM SERVICES
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS
1. Employee Compensation & Related Expenses	21,911,580	327,807		21,583,773
2. Occupancy	1,792,734	254,037		1,538,697
3. Other Program / Operating Expense	6,176,057	103,037		6,073,020
4. Subcontract Expense	653,506			653,506
5. Direct Administrative Expense	5,366,287	4,941,378	10,239	414,670
6. Other Expenses	154,052	12,243		141,809
7. Depreciation of Buildings and Equipment	117,248	8,558		108,690
8. TOTAL EXPENSES	36,171,463	5,647,060	10,239	30,514,164

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/16

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
1. Employee Compensation & Related Expenses	23,874	424,935	409,085	345,019	
2. Occupancy	3,190	69,941	93,038	27,821	
3. Other Program / Operating Expense	1,969	965,852	30,642	36,322	
4. Subcontract Expense					
5. Direct Administrative Expense	774	26,294	40,654	12,075	
6. Other Expenses					
7. Depreciation of Buildings and Equipment	55	274	25,873		
8. TOTAL EXPENSES	29,861	1,487,297	599,291	421,236	

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/16

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	10	12	18	19	20
1. Employee Compensation & Related Expenses	386,445	1,493,169	120,260	41,885	194,928
2. Occupancy	47,025	166,775	24,692	4,301	34,342
3. Other Program / Operating Expense	33,158	474,386	4,891	806	20,892
4. Subcontract Expense		183,219			
5. Direct Administrative Expense	19,234	76,867	3,048	3,447	9,270
6. Other Expenses		87,167			
7. Depreciation of Buildings and Equipment	15,987	3,936		232	809
8. TOTAL EXPENSES	501,849	2,485,519	152,891	50,671	260,239

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/16

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	21	25	28	29	32
1. Employee Compensation & Related Expenses	<u>1,069,428</u>	<u>188,286</u>	<u>114,890</u>	<u>216,889</u>	<u>285,328</u>
2. Occupancy	<u>156,499</u>	<u>11,107</u>	<u>13</u>	<u>27,036</u>	<u>39,031</u>
3. Other Program / Operating Expense	<u>1,054,721</u>	<u>12,311</u>	<u>683</u>	<u>10,853</u>	<u>18,560</u>
4. Subcontract Expense	<u>64,315</u>	<u>2,750</u>			<u>7,500</u>
5. Direct Administrative Expense	<u>103,540</u>	<u>11,631</u>	<u>6,740</u>	<u>7,594</u>	<u>13,624</u>
6. Other Expenses	<u>9,925</u>				
7. Depreciation of Buildings and Equipment	<u>5,861</u>			<u>590</u>	<u>1,144</u>
8. TOTAL EXPENSES	<u>2,464,289</u>	<u>226,085</u>	<u>122,326</u>	<u>262,962</u>	<u>365,186</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/16

	<u>PROGRAM #</u>				
	<u>34</u>	<u>35</u>	<u>37</u>	<u>43</u>	<u>44</u>
1. Employee Compensation & Related Expenses	<u>381,224</u>	<u>163,401</u>	<u>12,244</u>	<u>36,410</u>	<u>20,363</u>
2. Occupancy	<u>5,751</u>	<u>26,312</u>	<u>2,370</u>	<u>6,532</u>	<u>1,700</u>
3. Other Program / Operating Expense	<u>37,300</u>	<u>8,425</u>	<u>62</u>	<u>2,870</u>	<u>922</u>
4. Subcontract Expense					<u>22,124</u>
5. Direct Administrative Expense	<u>16,229</u>	<u>7,501</u>	<u>727</u>	<u>1,203</u>	<u>2,241</u>
6. Other Expenses					
7. Depreciation of Buildings and Equipment	<u>330</u>		<u>20</u>		<u>93</u>
8. TOTAL EXPENSES	<u>440,834</u>	<u>205,640</u>	<u>15,423</u>	<u>47,015</u>	<u>47,443</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/16

	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>
1. Employee Compensation & Related Expenses		<u>50</u>	<u>53</u>	<u>54</u>	<u>55</u>
		<u>88,721</u>	<u>14,866,566</u>	<u>443,083</u>	<u>10,187</u>
2. Occupancy		<u>16,431</u>	<u>707,739</u>	<u>28,365</u>	<u>874</u>
3. Other Program / Operating Expense		<u>34,044</u>	<u>3,232,172</u>	<u>75,205</u>	<u>338</u>
4. Subcontract Expense				<u>4,276</u>	<u>9,322</u>
5. Direct Administrative Expense		<u>2,022</u>		<u>13,039</u>	<u>463</u>
6. Other Expenses			<u>44,717</u>		
7. Depreciation of Buildings and Equipment			<u>29,657</u>	<u>22,359</u>	<u>58</u>
8. TOTAL EXPENSES		<u>141,218</u>	<u>18,880,851</u>	<u>586,327</u>	<u>21,242</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/16

	PROGRAM #				
	56	57	58	59	60
1. Employee Compensation & Related Expenses			61,476	185,678	
2. Occupancy			11,972	15,512	10,328
3. Other Program / Operating Expense	733	26	3,208	10,980	690
4. Subcontract Expense					360,000
5. Direct Administrative Expense	43	86	5,965	11,443	18,915
6. Other Expenses					
7. Depreciation of Buildings and Equipment				857	556
8. TOTAL EXPENSES	776	112	82,621	224,470	390,490

See Accompanying Notes to Financial Statements

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Ascentria Community Services, Inc. (ACS) and Ascentria Community Care, Inc. (ACC) (collectively the Organizations) are corporations exempt from tax under Section 501(c)(3) of the Internal Revenue Code as a public charity. The Organizations provide community service programs to children, families, refugees, and developmentally disabled adults throughout New England. ACS transferred its "In Home Care" service line to ACC and is the sole corporate member of ACC. Ascentria Care Alliance, Inc. (Ascentria) is a sole corporate member of ACS and also serves as the management agent.

The Organizations provide the following programs:

Social Services – through a variety of programs, the Organizations provide services related to therapeutic foster care, unaccompanied refugee minors support, housing for teen mothers and their children, housing for homeless, small group homes serving teenagers, various support services and living accommodations for developmentally, physically and mentally disabled adults and other various social support programs.

Refugee Services – through this program, the Organizations seek to provide resettlement, employment, case management, medical case management, English as a second language classes, and other support services to refugees, asylees, and immigrants.

Adoption – through this program, the Organizations provide services related to domestic and international adoptions.

Prior Year Summarized Information

The financial statements contain prior year comparative information in total but not by net asset class and with no accompanying financial statement notes. Consequently, such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organizations financial statements for the year ended June 30, 2015 from which the summarized information was derived.

Basis of Consolidation

The accompanying financial statements present the consolidated financial position, results of operations, changes in net assets, cash flows, and functional expenses of the Organizations. Material intercompany transactions and balances have been eliminated in consolidation.

Method of Accounting

The financial statements of the Organizations have been prepared on the accrual method of accounting. Accordingly, assets are recorded when the Organizations obtain the rights of ownership or is entitled to claims for receipt and liabilities are recorded when the obligation is incurred.

Cash and Cash Equivalents

The Organizations consider all short-term debt securities purchased with an original maturity of three months or less to be cash equivalents.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Accounts Receivable

Accounts receivable are recorded net of an allowance of expected losses. The allowance is estimated from historical performance and projections of trends. Credit is extended to customers and collateral is not required. When the accounts become past due, historically, the Organizations have not charged interest to these accounts.

Program Service Revenue

Program service revenue is recognized as costs are incurred and services are provided

Property and Equipment

Property and equipment are recorded at cost. Assets with an estimated useful life of more than one year and a historical cost in excess of \$2,500 are capitalized. The Organizations capitalize acquisitions and improvements, while expenditures for maintenance and repairs that do not extend the useful lives of the assets are charged to operations. Donated property and equipment are recorded at its fair market value at date of donation. Gifts of long-lived assets are reported as unrestricted support unless donor stipulations specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulation about how long those assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed into service. Depreciation is computed using the straight-line method over the estimated useful life of the assets.

Assets Held for Sale

In 2014, a property in New Hampshire qualified to be classified as held for sale. Consequently, the Organization has presented the assets under the caption "Assets Held for Sale" on the statement of financial position.

Assets held for sale are reported in the statement of financial position at the lower of its carrying amount or fair value, less cost to sell. Assets held for sale are assessed for impairment when management believes events or changes in circumstances indicate that its carrying amount may not be recoverable. Based on this assessment, assets held for sale that are considered impaired are written down to their fair value. In July 2015, the assets were sold for the fair value noted on the statement of financial position.

Related Party Loans Receivable

The Organizations' loan portfolio is comprised on unsecured related party loans receivable that are non-interest bearing and have no fixed repayment terms, as detailed in Note 3, and is considered a single portfolio class. Related party loans receivable are recorded net of an allowance for expected loan losses (allowance). The Organizations establish an allowance as an estimate of inherent risk in the Organizations' loan portfolio. Although management believes the allowance to be adequate, ultimate losses may vary from its estimates. The allowance is established through a provision for loan losses that is charged to expense. Loan losses are charged off against the allowance when the Organizations determine the loan balance to be uncollectible. Proceeds received on previously charged off amounts are recorded as recovery in the year of receipt. The Organizations determined that all related party loans receivable are fully collectible as of June 30, 2016.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Related Party Loans Receivable (Continued)

The Organizations review the adequacy of the allowance, including consideration of the relevant risks in the loan portfolio, current economic conditions and other factors periodically. The Organizations internally monitor related party borrowers to assess the risk of nonperformance. The Organizations determine that changes are warranted based on those reviews then the allowance is adjusted.

Net Assets

Net assets of the Organizations are classified and reported as follows:

Unrestricted Net Assets

Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets

Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organizations and/or the passage of time.

Permanently Restricted Net Assets

Include contributions which require by donor restriction that the corpus be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Recognition of Donor Restrictions

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Donated Services

Donated services are recognized in the financial statements if the services enhance or create non-financial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

Advertising Costs

Promotional advertising costs are expensed as incurred. Promotional advertising expense charged to operations amounted to \$3,710 for the year ended June 30, 2016.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Functional Allocation of Expenses

The cost of providing the various programs and services are summarized on a functional basis. Costs are generally identified as to program site, and are then allocated between programs and supporting services that benefited based on total direct expenses.

Income Taxes

The Organizations are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal and state income taxes on related income pursuant to section 501(a) of the code.

Deferred Revenue

Deferred revenue consists primarily of advances received from state and federal agencies for initial funding of programs. Amounts will be recognized as revenue as these programs incur the related expenditures.

Fair Value Measurements

In accordance with professional standards, assets and liabilities measured and recorded at fair value are required to be categorized into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used in the determination of the fair value measurement fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement. Assets and liabilities measured and recorded at fair value by the Organizations are categorized as follows:

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organizations have the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Fair Value Measurements (Continued)

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in valuation methodology used at June 30, 2016.

Subsequent Events

In preparing these financial statements, the Organizations have evaluated events and transactions for potential recognition or disclosure through December 15, 2016, the date the financial statements were available to be issued.

NOTE 2 ASSETS LIMITED AS TO USE

Beneficial Interest in Net Assets of Related Party

The Organizations record beneficial interest in the net assets of Ascentria, a related party, for funds being held by Ascentria on behalf of the Organizations.

NOTE 3 RELATED PARTY TRANSACTIONS

The Organizations have entered into the following transactions with related parties:

a) The Organizations are charged annually by Ascentria for accounting, management services, and overhead in monthly installments. Charges to operations for these services totaled approximately \$4,842,000 for the year ended June 30, 2016. These expenses have been included on the statement of activities under the caption "Administrative Costs". In addition, Ascentria is the central contracting entity for insurance coverage, and insurance costs are then billed monthly to the Organizations.

b) In connection with soliciting and managing donations received, Ascentria charged the Organizations a custodial fee. The custodial fee charged to operations was \$10,239 for the year ended June 30, 2016.

c) The Organizations has various office space rentals to and from related parties and vehicle rentals from related parties. Rental revenue from related parties amounted to \$153,320 for the year ended June 30, 2016. Office space and vehicle related party rents amounted to \$377,461 for the year ended June 30, 2016.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 3 RELATED PARTY TRANSACTIONS (CONTINUED)

d) During the year ended June 30, 2016, the Organizations received federal funding of \$360,000, respectively, which was passed through to Good News Garage - LSS, Inc.

e) During the year ended June 30, 2016, a property with a net book value of \$418,434 was transferred from Ascentria to ACS. Further, as part of the equity sharing agreement outlined in Note 13, ACS paid Ascentria \$207,190 during 2016. The net amount of these transfers are included under the caption "Equity Transfers, Net" in the statement of activities.

f) Related Party loans that bear no interest and have no fixed repayment terms as of June 30, 2016, are as follows:

	2016
Due from Related Parties:	
Ascentria Care Alliance, Inc.	\$ 441,113
LCS Creative Living, Inc.	29,213
Lutheran Housing Corporation - Brockton, Inc.	325
Luther Ridge at Middletown, Inc.	3,712
Good News Garage - LSS, Inc.	48,303
Total	\$ 522,666

NOTE 4 DEFINED CONTRIBUTION PENSION PLAN

The Organizations participate in a defined contribution thrift plan (the thrift plan) qualifying under Internal Revenue Code Section 403(b) maintained by Ascentria. The thrift plan permits discretionary employer contributions based on a specified percentage of annual compensation and employee contributions. The Organizations did not make contributions to the plan for the year ended June 30, 2016.

NOTE 5 ACCOUNTS RECEIVABLE

The accounts receivable balance consisted of the following at June 30, 2016:

	2016
Accounts Receivable - Program Services	\$ 3,575,416
Less: Allowance for Doubtful Accounts	(25,080)
Accounts Receivable, Net	\$ 3,550,336

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 6 CONCENTRATION OF CREDIT RISK

Financial instruments that potentially subject the Organizations to concentrations of credit risk consist principally of the following:

Cash and Cash Equivalents

The Organizations maintain cash and cash equivalent balances in several federally insured financial institutions in the same geographic area as well as a money market fund. During the year there may be times when uninsured cash is significantly higher and exceeds federally insured limits.

Major Customer

The Organizations receive significant funding from various federal and state agencies. The states through which funding was received include Massachusetts, New Hampshire, and Maine. At June 30, 2016 approximately 89% of the Organizations revenue was received from state and federal agencies directly or via pass through for the year then ended.

Due from Related Parties

The Organizations extend unsecured credit to its affiliates. The balance due from affiliates totaled \$522,666 at June 30, 2016.

Beneficial Interest in Net Assets of Related Party

The Organizations unsecured gifts, held by a related party, amounted to \$766,424 at June 30, 2016 with a loan payable to the fund totaling \$340,524.

Accounts Receivable

The Organizations extend unsecured credit to its customers. Accounts receivable amounted to \$3,550,336 at June 30, 2016.

NOTE 7 PROPERTY AND EQUIPMENT

The useful lives of property and equipment for purposes of computing depreciation are:

Building, Building Improvements, and Leasehold Improvements	5 - 40 Years
Equipment, Furniture and Fixtures, and Vehicles	3 - 10 Years
Equipment Under Capital Lease	3 - 5 Years
Computer Equipment and Software	3 Years

Depreciation and amortization (including amortization of equipment under capital lease) expense charged to operations was \$117,249 for the year ended June 30, 2016.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 7 PROPERTY AND EQUIPMENT (CONTINUED)

During April 2014, ACS deemed building assets with net book value of approximately \$350,000 to be held for sale, at this time depreciation on these assets ceased. These assets were sold during July of 2015 for \$349,500. See Note 1 for additional details.

During January 2015, the Organization experienced fire and water damage at one of their leased facilities resulting in severe damages to the property. The loss incurred on the leased property of approximately \$245,500 is listed under the caption "other increases (decreases)" on the statement of activities for the year ended June 30, 2015.

In June 2016, ACS sold one of their properties with a net book value of \$151,605 for \$300,000. The gain incurred on the sale of the property is included under the caption of "other increases (decreases)" on the statement of activities for the year ended June 30, 2016.

NOTE 8 MAINE MEDICAID LIABILITY

ACS provides services for Medicaid eligible individuals under terms of costs based contracts with the state of Maine. Accordingly, ACS provides for the estimated amount of settlements with Medicaid as a liability. Final reimbursement is not determined until the state of Maine accepts the cost report. The amount of the estimated liability was approximately \$14,000 at June 30, 2016. Adjustments to this estimate is reflected on the statement of activities under the caption "public sources" to the extent not previously recorded in the year the final settlement information becomes available to management.

NOTE 9 CONTRIBUTED LEASED PROPERTY

ACS ("lessee") entered into a lease agreement to lease a building. The lease is for a period of five years with an annual rent of \$1 payable to lessor each year.

Management has determined that the annual rental payments are below market value and therefore have recorded the fair value of the lease in the financial statements. The valuation of the lease is based on the lesser of the net present value of market rate rent payments or the fair market value of the building at the lease inception date, at that time, was estimated to be \$69,000. Management concluded that the fair value of the building was the lesser of the two valuation methods and consequently valued the market rate lease at \$69,000 at the lease inception date. The fair value of the lease is being amortized on a straight-line basis over the term of the lease. The unamortized fair value of the lease amounted to \$14,100 as of June 30, 2016, and is reported in the caption "building" in the statement of financial position.

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016**

NOTE 10 LONG-TERM DEBT

The Organizations are liable on long-term debt at June 30, 2016 as follows:

<u>Description</u>	<u>2016</u>
<u>Note Payable</u>	
Term note payable to Bank of America face amount \$350,000, due August 7, 2033, secured by business assets, payable in monthly installments of interest only through August 2008 then monthly payments of principal plus interest through maturity. Interest rate is fixed at 7.10% annually. During FY16, ACS reduced the outstanding principal balance of the note significantly with a \$53,700 payment in excess of their normal payments. The note is still expected to be paid off at the stated due date.	\$ 240,151
<u>Mortgages</u>	
Mortgage payable to TD Bank. In December 2014, the mortgage was extended and now matures on December 17, 2017. The monthly payments of principal and interest before and after the extension were \$3,558 and \$2,512, respectively. The interest rate before and after the extension was 5.0% and 4.23%, respectively. The mortgage is secured by all business assets. ASC sold the New Hampshire property in July, 2015, and paid off the remaining balance of the mortgage to TD Bank.	-
Mortgage payable to Bank of America face amount \$370,308, secured by real property owned by ACS at two locations, and guaranteed by Ascentria, with an interest rate of 7.01%, due August 2032. Monthly principal and interest payments of \$2,670.	307,270
<u>Capital Lease Obligations</u>	
ACS is obligated under various capital lease agreements for equipment and motor vehicles, expiring in 2016, with a combined monthly payment of approximately \$2,200 with interest rates ranging from approximately 4% to 8%.	22,926
Total	570,347
Less: Current Maturities	(31,404)
Long-Term Debt, Net	<u>\$ 538,943</u>

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 10 LONG-TERM DEBT

Following are current maturities for the next five years:

<u>Year Ending June 30,</u>	<u>Current Maturities</u>
2017	\$ 31,404
2018	33,095
2019	34,978
2020	29,268
2021	31,524

Interest charged to operations for the above long-term debt amounted to \$38,640 for the year ended June 30, 2016.

NOTE 11 DUE TO THIRD PARTY

The Organizations are reflecting an estimated liability in the amount of \$232 at June 30, 2016. This amount is due to the New Hampshire Department of Children, Youth and their Families (DCYF) resulting from reported overpayments that date back to 2005.

NOTE 12 OPERATING LEASES

The Organizations lease land, buildings, equipment, and motor vehicles under various operating lease agreements with terms of one to five years. Total rent and related expenses amounted to approximately \$852,000 for the year ended June 30, 2016.

Future minimum lease payments under these agreements are as follows:

<u>Year Ending June 30,</u>	<u>Amount</u>
2017	\$ 316,957
2018	216,425
2019	29,484
2020	-
2021	-
Total	<u>\$ 562,866</u>

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 13 CONTINGENCIES

A significant portion of the Organizations' net revenues and accounts receivable are derived from services reimbursable under Medicaid programs. There are numerous healthcare reform proposals being considered on federal and state levels. The Organizations cannot predict at this time whether any of these proposals will be adopted or, if adopted and implemented, what effect such proposals would have on the Organizations.

A significant portion of the Organizations' revenues are derived from services reimbursable under Medicaid programs. The base year costs utilized in calculating the Medicaid rates are subject to audit which could result in a retroactive rate adjustment for all years in which that cost base was used in calculating the rates. It is not possible at this time to determine whether the Organizations will be audited or if a retroactive rate adjustment would result.

ACS and Ascentria have entered into an equity sharing agreement related to four properties transferred from Ascentria to the ACS on July 1, 2001. The agreement states that if the properties are sold or leased to a third party, approximately 40% of the proceeds will become payable to Ascentria. Such payment represents the excess of fair value of the properties transferred over their net book value as of July 1, 2001. During 2016, the final two properties in this agreement were sold, with the payments made from ACS to Ascentria being included in the "Equity Transfer, Net" line item on the statement of activities. A significant portion of the Organizations' revenues are derived from state and federal government funding. Due to current economic conditions it is possible that funding from these sources could be reduced in the near term. The Organizations cannot determine at this time if funding levels will change, or what financial impact, if any, potential changes would have on the Organizations.

ACS was previously covered by a retroactive workers compensation and employer's liability insurance policy. Under such a policy, the ultimate premium is based on ACS's loss experience. In addition, ACS accrues estimated losses for asserted and unasserted claims in excess of the minimum premium up to any stipulated maximum per the policy. ACS's policy contained a loss limitation provision of \$250,000 per incident. In 2016, ACS entered into a retro close out agreement which stipulated that a final payment of \$70,000 would be due on the insurance policy. The final payment is due in equal installments of \$35,000 in September 2016 and November 2016 and will close out and finalize the retrospective adjustments and satisfy all remaining premiums due under the insurance policy.

The receivables of the Organizations are listed as collateral under the line of credit agreement of Ascentria. The outstanding balance \$1,850,000 as of June 30, 2016.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 14 FAIR VALUE MEASUREMENT

The Organizations use fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. Fair value measurement is based on quoted market prices. For additional information on how the Organizations measure fair value refer to Note 1 – Organization and Summary of Significant Accounting Policies.

The following tables present the Organizations fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of June 30, 2016:

	2016			
	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Beneficial Interest in Net Assets of Related Party				
Cash Equivalents	\$ 766,424	\$ -	\$ -	\$ 766,424
Total	<u>\$ 766,424</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 766,424</u>

The following table provides a summary of changes in fair value of the Organization's Level 3 financial assets for the year ended June 30, 2016:

Balance at July 1, 2014	\$ 583,758
Income, Net of Releases	<u>15,337</u>
Balance at July 1, 2015	599,095
Income, Net of Releases	<u>167,329</u>
Balance at June 30, 2016	<u>\$ 766,424</u>

Since these funds are held by a third party that pools the Organization's interest with other related organization's assets, management has determined that the inputs are unobservable and therefore valued using a Level 3 methodology.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 15 SURPLUS REVENUE RETENTION

A nonprofit provider is allowed to retain an annual net surplus of up to 5% of gross revenues derived from delivering services to clients of the Commonwealth of Massachusetts (Commonwealth). The cumulative amount retained may not exceed 20% of the prior year's gross revenue from the Commonwealth purchasing agencies, and must be segregated as surplus revenue retention net assets. A current year surplus which exceeds the 5% level or a cumulative surplus exceeding the 20% amount may be: a) reinvested in program services as stipulated by the purchasing agencies; b) recouped or; c) used by the Commonwealth to reduce price of future contracts.

Surplus revenue retention at June 30, 2016 is summarized as follows:

Balance at June 30, 2015	\$ (5,669,151)
Decrease	<u>(885,207)</u>
Balance at June 30, 2016	<u><u>\$ (6,554,358)</u></u>

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED JUNE 30, 2016

Federal Grantor/Pass-through Grantor/Program Title	CFDA Number	Agency or Pass-through Number	Federal Expenditures	Amount Provided to Subrecipient
U.S. Department of Health & Human Services				
Pass-Through Commonwealth of Massachusetts				
Department of Social Services:				
Unaccompanied Refugee Minors	93.566	INTF0000009921519369	\$ 1,314,174	\$ -
NH School Impact Project	93.667	010-095-5973000 102-500731	68,448	-
Vehicle Donation for VR Employment opportunity Program	84.126	SCMRC2007011GNGVD002	324,000	324,000
Children Services Aftercare	93.667	INFT0000000915FNSSO	86,540	-
Office of Refugees and Immigrants:				
TAG	93.584	CTORI010011TAG000004 CTORI010015RCM000007/	186,083	-
Refugee Cash Management	93.583	CTORI010015RCM000008 CTORI0100 15 RCM00007/	215,272	-
Refugee Cash Management	93.566	CTORI010015RCM000008 CTORI010014CRES000006/	13,102	-
CRES	96.566	CTROI10011CRES00006	190,462	-
PEERS	93.576	CTORI010013PRS000005	4,360	-
PEERS	93.566	CTORI010016PRS000005	10,221	-
TAG	93.576	010-042-79220000	71,419	-
SAS	93.566	CTORI010011SAS000003	49,871	-
Health Coordination	93.566	010-042-79220000-500731-42200010	63,293	-
MA Health Promotion Program	53.576	CT ORI 010015HPP000006	18,739	-
REAP	93.576	CTORI010014REAP000002	115,409	-
Social Services Formula Grant	93.566	010-045-7922000042200013 010-042-7922000042200012/	109,967	-
Preventive Health Grant	93.576	90RX0255*-01-00	35,680	-
Pass-Through State of New Hampshire				
Office of Minority Health and Refugee Affairs:				
New Hampshire Health Profession Project	93.093	010-095-59930000	204,145	-
Refugee Social Services	93.566	010-042-79220000-102	42,886	-
Refugee Targeted Assistance	93.576	010-042-79220000-500731-42200019	132,121	-
Bi-Cultural Services for Older Refugees	93.576	010-095-59580000-102	29,551	-
Pass-Through Lutheran Immigration and Refugee Service				
Office of Refugees and Immigrants:				
Unaccompanied Child and Youth Program	93.676	90ZU0103/01	1,039,967	-
LIRS Intensive case Management	93.576	90RP0101-03 90RV0062/01/	14,854	-
Match Grant	93.567	90RV0062/03	261,994	-
Pass-Through EMM				
Office of Refugees and Immigrants:				
Preferred Communities	93.576	90RP0105 EMM SPRMC010CA014/	60,471	-
Match Grant	93.567	EMM SPRMC010CA015	129,246	-
Pass-Through Church World Services				
Office of Refugees and Immigrants:				
Match Grant	93.567	2013	111,472	-

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
YEAR ENDED JUNE 30, 2016**

<u>Federal Grantor/Pass-through Grantor/Program Title</u>	<u>CFDA Number</u>	<u>Agency or Pass-through Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided to Subrecipient</u>
Pass-Through Administration for Children and Families Office of Refugees Resettlement: Childcare Micro Enterprise	93.576	90RG0142-01-00	46,636	-
U.S. Department of State				
Pass-Through Lutheran Immigration and Refugee Service Division of Unaccompanied Minors: Reception and Placement	* 19.510	SPRMC014CA10065/ SPRMC015CA1014	1,242,874	-
Pass-Through EMM Division of Unaccompanied Minors: Reception and Placement	* 19.510	EMM SPRMC010CA013/ EMM SPRMC010CA014	360,385	-
Pass-Through Church World Services Division of Unaccompanied Minors: Reception and Placement	* 19.510	2015	198,587	-
U.S. Department of Agriculture				
Local Food Promotion	10.168	2012-33800-19931 14-LFPPX	26,192 39,723	- -
Pass-Through Commonwealth of Massachusetts Supplemental Nutrition Assistance Program	10.561	CT WEL 44003064 LSS 0001	238,735	-
U.S. Department of Justice				
Pass-Through Commonwealth of Massachusetts Victims of Crime	16.575	VOCA2014LUTH000000008	80,489	-
TOTAL EXPENDITURES OF FEDERAL AWARDS			<u>\$ 7,137,368</u>	<u>\$ 324,000</u>

* Major Program

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
YEAR ENDED JUNE 30, 2016

NOTE 1 BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of Ascentria Community Services, Inc. under programs of the federal government for the year ended June 30, 2016. The information in this Schedule is presented in accordance with the requirements of 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*. Because the Schedule presents only a selected portion of the operations of, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Ascentria Community Services, Inc.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the *Uniform Guidance*, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Ascentria Community Services, Inc. has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

ORGANIZATION: Ascend Community Services, Inc.

ORGANIZATION SUPPLEMENTAL INFORMATION SCHEDULE A - Unaudited

REVENUE	Total Organization		Admin (M&G)		Fund Raising		Total All Programs	
	FTE	Expense	FTE	Expense	FTE	Expense	FTE	Expense
1R Contributions, Gifts, Legacies, Bequests								
2R Gov. In-Kind/Capital Budget								
3R Private In-Kind								
4R Total Contributions and In-Kind								
5R Mass Gov. Grant	21,840,195							
6R Other Grant (excl. Fed Direct)	21,840,195							
7R Total Grants	1,759,288							
8R Dept. of Mental Health (DMH)								
9R Dept. of Developmental Services (DDSD/MR)								
10R Dept. of Public Health (DPH)								
11R Dept. of Children and Families (DCF/DSS)								
12R Dept. of Transitional Asst. (DTA/MEL)								
13R Dept. of Youth Services (DYS)								
14R Health Care Fin & Policy (HCF)-Contract								
15R Health Care Fin & Policy (HCF)-LCP								
16R MA. Comm. For the Blind (MCB)								
17R MA. Comm. for Deaf & H H (MCD)								
18R MA. Rehabilitation Commission (MRC)								
19R MA. Off. for Refugees & Immigr (ORI)								
20R Dept. of Early Educ. & Care (EEC)-Contract								
21R Dept. of Early Educ. & Care (EEC)-Voucher								
22R Dept. of Correction (DOC)								
23R Dept. of Elementary & Secondary Educ. (DOE)								
24R Parade Board (PAR)								
25R Veteran's Services (VET)								
26R Ex. Off. of Elder Affairs (ELD)								
27R Div. of Housing & Community Development (OCD)								
28R POS Subcontract								
29R Other Mass. State Agency POS								
30R Mass. State Agency Non-POS								
31R Mass. Local Govt./Quasi-Govt. Entities								
32R Non-Mass. State/local Government								
33R Direct Federal Grants/Contracts								
34R Medicaid - Direct Payments								
35R Medicaid - MBHP Subcontract								
36R Medicare								
37R Mass. Govt. Client Stipends								
38R Client Resources								
39R Mass. Publicly sponsored client offsets								
40R Other Publicly sponsored client offsets								
41R Private Client Fees (excluding 3rd Pfy)								
42R Private Client 3rd Pfy/other offsets								
43R Total Assistance and Fees								
44R Federated Fundraising								
45R Commercial Activities								
46R Non-Charitable Revenue								
47R Investment Revenue								
48R Other Revenue								
49R Allocated Admin (M&G) Revenue								
50R Released Net Assets-Program								
51R Released Net Assets-Equipment								
52R Released Net Assets-Time								
53R TOTAL REVENUE	36,056,915							
54R TOTAL EXPENSE = 56E	36,171,463							
55R OPERATING RESULTS	(114,548)							

EXPENSE	Total Organization		Admin (M&G)		Fund Raising		Total All Programs	
	FTE	Expense	FTE	Expense	FTE	Expense	FTE	Expense
1E Total Direct Prog.Staff FTE/Exp 101-138								
2E Chief Executive Officer - FTE/Exp.								
3E Chief Financial Officer - FTE/Exp.								
4E Acting/Clerical/Support FTE/Expense								
5E Admin Main/In-house-Grosskeeping FTE/Exp								
6E Total Admin Employee FTE/Expense 410								
7E Commercial Products & Svc/Mktg FTE/Exp								
8E Total FTE/Salary/Wages								
9E Payroll Taxes 150								
10E Fringe Benefits 151								
11E Accrual Adjustments								
12E Total Employee Compensation & Rel. Exp.								
13E Facility and Prog. Equip Expenses 301, 390								
14E Facility & Prog. Equip. Depreciation 301								
15E Facility Operation/Maint./Furn.390								
16E Facility General Liability Insurance 390								
17E Total Occupancy								
18E Direct Care Consultant 201								
19E Temporary Help 202								
20E Clients and Caregivers Reimb./Stipends 203								
21E Subcontracted Direct Care 206								
22E Staff Training 204								
23E Staff Meals / Travel 205								
24E Meals 207								
25E Client Transportation 208								
26E Vehicle Expenses 208								
27E Vehicle Depreciation 208								
28E Incidental Medical (Medicine/Pharmacy) 209								
29E Client Personal Allowances 211								
30E Provision Material Goods/Svs./Benefits 212								
31E Direct Client Wages 214								
32E Other Commercial Prod. & Svc. 214								
33E Program Supplies & Materials 215								
34E Non Charitable Expenses								
35E Other Expense								
36E Total Other Program Expense								
37E Management Fees 410								
38E Fundraising Fees 410								
39E Legal Fees 410								
40E Audit Fees 410								
41E Management Consultant 410								
42E Other Professional Fees & Other Admin. Expenses 410								
43E Leased Office/Program Office Equip.410,390								
44E Office Equipment Depreciation 410								
45E Admin. Vehicle Expenses 410								
46E Admin. Vehicle Depreciation 410								
47E Directors & Officers Insurance 410								
48E Program Support 216								
49E Professional Insurance 410								
50E Working Capital Interest 410								
51E Total Direct Administrative Expense								
52E Admin (M&G) Reporting Center Allocation								
53E Total Reimbursable & Fundraising Expense								
54E Direct State/Federal Non-Reimbursable Expense								
55E Allocation of State/Fed Non-Reimbursable Expense								
56E TOTAL EXPENSE = 56E								

Note to Readers: Please see Schedule B Note to Readers regarding appropriate Non-Reimbursable Exp

COMPENSATION DISCLOSURE	Enter all compensation (salary, benefit packages, vehicles, consultant payments, loans, etc.) from the entity & its related parties/affiliates to organization principals. Attach schedule of non-salary items.	Reporting Entity Compensation	Other Compensation from Other Entities
Name & Title	Salary	Other	Other
1C Apollo Bock, CEO	\$ 239,618	\$ 12,169	
2C Lisa Cohen, CFO	\$ 165,000	\$ 1,104	
3C			
4C			
5C			
MA, Surplus Revenue Retention	Starting balance	Expended Amount	Liability Amt.
Prior Year Ma. Revenue	8,676,756	(6,554,356)	
Comm. of MA cost reimbursement overbilling (preliminary calc. subject to adjustment)			6,328

ORGANIZATION: Ascensia Community Services, Inc. **PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited** **FY END:** 6/30/2016 **FEIN:** 043566243

UFR Program Number: 2	Program Name: Program to Enhance Elder Services (PEERS)	Description: Elder Refugee Services	Program Address: 593 Main Street	West Springfield (City)	MA (State)	01089 (Zipcode)	Program Type: 27	Program Address: 593 Main Street	West Springfield (City)	MA (State)	01089 (Zipcode)	Program Type: 27	Program Address: 593 Main Street	West Springfield (City)	MA (State)	01089 (Zipcode)	Program Type: 27																																																																														
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<p>NON-REIMBURSABLE EXPENSE DETAIL</p> <table border="1"> <thead> <tr> <th>Contract ID</th> <th>Character</th> <th>M&MARS Code</th> <th>Description</th> <th>Amount</th> <th>% Var</th> </tr> </thead> <tbody> <tr> <td>1N</td> <td>Direct Employee Compensation & Related Exp.</td> <td></td> <td></td> <td>20,088</td> <td>-7.6%</td> </tr> <tr> <td>2N</td> <td>Direct Occupancy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3N</td> <td>Direct Other Program/Operating</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4N</td> <td>Direct Subcontract Expense</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5N</td> <td>Direct Administrative Expense</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6N</td> <td>Direct Other Expense</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7N</td> <td>Direct Depreciation</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8N</td> <td>Total Direct Non-Reimbursable (Tie to 54E)</td> <td></td> <td></td> <td>20,088</td> <td>-7.6%</td> </tr> <tr> <td>9N</td> <td>Total Direct and Allocated Non-Reimb. (54E-55E)</td> <td></td> <td></td> <td>29,808</td> <td></td> </tr> <tr> <td>10N</td> <td>Eligible Non-Reimbursable Exp. Revenue Offsets</td> <td></td> <td></td> <td>10,575</td> <td></td> </tr> <tr> <td>11N</td> <td>Capital Budget Revenue Adjustment</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12N</td> <td>Excess of Non-Reimbursable Expense Over Offsets</td> <td></td> <td></td> <td>19,233</td> <td></td> </tr> </tbody> </table> <p>1N Direct Employee Compensation & Related Exp. 2N Direct Occupancy 3N Direct Other Program/Operating 4N Direct Subcontract Expense 5N Direct Administrative Expense 6N Direct Other Expense 7N Direct Depreciation 8N Total Direct Non-Reimbursable (Tie to 54E) 9N Total Direct and Allocated Non-Reimb. (54E-55E) 10N Eligible Non-Reimbursable Exp. Revenue Offsets 11N Capital Budget Revenue Adjustment 12N Excess of Non-Reimbursable Expense Over Offsets</p>																		Contract ID	Character	M&MARS Code	Description	Amount	% Var	1N	Direct Employee Compensation & Related Exp.			20,088	-7.6%	2N	Direct Occupancy					3N	Direct Other Program/Operating					4N	Direct Subcontract Expense					5N	Direct Administrative Expense					6N	Direct Other Expense					7N	Direct Depreciation					8N	Total Direct Non-Reimbursable (Tie to 54E)			20,088	-7.6%	9N	Total Direct and Allocated Non-Reimb. (54E-55E)			29,808		10N	Eligible Non-Reimbursable Exp. Revenue Offsets			10,575		11N	Capital Budget Revenue Adjustment					12N	Excess of Non-Reimbursable Expense Over Offsets			19,233	
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ORGANIZATION: Ascension Community Services, Inc. **PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited** **FEIN:** 043566243 **FY END:** 6/30/2016 **Catalog of Federal Domestic Assistance #:** 93.558 **# operating hours/week (e.g., 40):** 168.00

UFR Program Number: 6 **Program Name:** Therapeutic Foster Care/After Care **Address:** 139 Pleasant Street (Rumney, NH) **City:** Brookton (City) **State:** MA (State) **Zipcode:** 02301 **Therapeutic Foster Care and After Care** **# Weeks operated during subperiod (e.g., 52):** 52.00 **# operating hours/week (e.g., 40):** 168.00

UFR Program Type: 23 **Program Address:** 139 Pleasant Street (Rumney, NH) **City:** Brookton (City) **State:** MA (State) **Zipcode:** 02301 **Therapeutic Foster Care and After Care** **# Weeks operated during subperiod (e.g., 52):** 52.00 **# operating hours/week (e.g., 40):** 168.00

Notes to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned or actual variances or non-reimbursable expenses (e.g. in-kind donations) may be appropriate and desirable. **Program Type codes:** 21 = SPED; 22 = HCFF/Medicaid Class Rate; 23 = Negotiated/4 Accommodations Rate; 24 = Negotiated/4 Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE	STAFFING # hours/Yr = 1,600 FTE:	FTE	Salary/Wage	Actual	Planned	% Var
1R	Combi., Gifts, Leg., Bequests, Spec. Ev.			3.95	342,215	200.3 %
2R	Gov. In-Kind/Capital Budget					
3R	Private In-Kind					
4R	Total Contribution and In-Kind					
5R	Mass Gov. Grant					
6R	Other Grant (excl. Fed Direct)					
7R	Total Grants					
8R	Dept. of Mental Health (DMH)					
9R	Dept. of Developmental Services(DOS/DMR)					
10R	Dept. of Public Health (DPH)					
11R	Dept. of Children and Families (DCF/DSS)					
12R	Dept. of Transitional Assist. (DTAWEL)					
13R	Dept. of Youth Services (DYS)					
14R	Health Care Fin. & Policy (HCF)/JCP					
15R	Health Care Fin. & Policy (HCF)/JCP					
16R	MA. Comm. For the Blind (MCB)					
17R	MA. Comm. For the Deaf & H.H. (MCD)					
18R	MA. Rehabilitation Commission (MRC)					
19R	MA. Off. for Refugees & Immigr. (ORI)					
20R	Dept. of Early Educ. & Care (EEC)/Contract					
21R	Dept. of Early Educ. & Care (EEC)/Voucher					
22R	Dept. of Correction (DOC)					
23R	Dept. of Elementary & Secondary Educ. (DOE)					
24R	Parole Board (PAR)					
25R	Veteran's Services (VET)					
26R	Ex. Off. of Elder Affairs (ELD)					
27R	Div. of Housing & Community Develop(OCD)					
28R	POS Subcontract					
29R	Other Mass. State Agency POS					
30R	Mass State Agency Non - POS					
31R	Mass. Local Govt/Quasi-Govt. Entities					
32R	Non-Mass. State/Local Government					
33R	Direct Federal Grants/Contracts					
34R	Medicaid - Direct Payments					
35R	Medicaid - MBIP Subcontract					
36R	Medicare					
37R	Mass. Govt. Client Stipends					
38R	Client Resources					
39R	Mass. spon client SF/3rd Pfy offsets					
40R	Other Publicly sponsored client offsets					
41R	Private Client Fees (excluding 3rd Pfy)					
42R	Private Client 3rd Pfy/offsets					
43R	Total Assistance and Fees					
44R	Federated Fundraising					
45R	Commercial Activities					
46R	Non-Charitable Revenue					
47R	Investment Revenue					
48R	Other Revenue					
49R	Allocated Admin. (M&G) Revenue					
50R	Released Net Assets-Program					
51R	Released Net Assets-Equipment					
52R	Released Net Assets-Time					
53R	Total Revenue = \$7E					

EXPENSE - ACTUAL/PLANNED	FTE	Actual	Planned	% Var
1E	Total Direct Program Staff = 395			
2E	Chief Executive Officer			
3E	Chief Financial Officer			
4E	Accounting/Clerical Support			
5E	Admin. Maint./House-Grdskeeping			
6E	Total Admin Employee			
7E	Commercial products & Svs/Mktg			
8E	Total FTE/Salary/Wages			
9E	Payroll Taxes 150			
10E	Fringe Benefits 151			
11E	Accrual Adjustments			
12E	Total Employee Compensation & Rel. Exp.			
13E	Facility & Prog. Equip. Expenses 301,390			
14E	Facility & Prog. Equip. Depreciation 301			
15E	Facility Operatn/Maint./Furn. 390			
16E	Facility General Liability Insurance 390			
17E	Total Occupancy			
18E	Direct Care Consultant 201			
19E	Temporary Help 202			
20E	Clients and Caregivers Reimb./Stipends 203			
21E	Subcontracted Direct Care 206			
22E	Staff Training 204			
23E	Staff Mileage / Travel 205			
24E	Meals 207			
25E	Client Transportation 208			
26E	Vehicle Expenses 208			
27E	Vehicle Depreciation 208			
28E	Incidental Medical/Pharmacy 209			
29E	Client Personal Allowances 211			
30E	Provision Material Goods/Svs./Benefits 212			
31E	Direct Client Wages 214			
32E	Other Commercial Prod. & Svs. 214			
33E	Program Supplies & Materials 215			
34E	Non Charitable Expenses			
35E	Other Expense			
36E	Total Other Program Expense			
42E	Other Professional Fees & Other Admin. Exp. 410			
43E	Leased Office/Program Office Equip. 410, 390			
44E	Office Equipment Depreciation 410			
48E	Program Support 216			
49E	Professional Insurance 410			
50E	Working Capital Interest 410			
51E	Total Direct Administrative Expense			
52E	Admin. (M&G) Reporting Center Allocation			
53E	Total Reimbursement Expense			
54E	Direct State/Federal Non-Reimbursable Expense			
55E	Allocated 61 State/Fed Non-Reimbursable Expense			
56E	TOTAL REVENUE = \$3R			
57E	TOTAL REVENUE = \$3R			
58E	OPERATING RESULTS			

UNDUP #	# service units delivered	UNDUP #	# service units delivered
1N	Direct Employee Compensation & Related Exp.	1N	Direct Employee Compensation & Related Exp.
2N	Direct Occupancy	2N	Direct Occupancy
3N	Direct Other Program/Operating	3N	Direct Other Program/Operating
4N	Direct Subcontract Expense	4N	Direct Subcontract Expense
5N	Direct Administrative Expense	5N	Direct Administrative Expense
6N	Direct Other Expense	6N	Direct Other Expense
7N	Direct Depreciation	7N	Direct Depreciation
8N	Total Direct Non-Reimbursable (Tie to 54E)	8N	Total Direct Non-Reimbursable (Tie to 54E)
9N	Total Direct and Allocated Non-Reimb. (54E:55E)	9N	Total Direct and Allocated Non-Reimb. (54E:55E)
10N	Eligible Non-Reimbursable Exp. Revenue Offsets	10N	Eligible Non-Reimbursable Exp. Revenue Offsets
11N	Capital Budget Revenue Adjustment	11N	Capital Budget Revenue Adjustment
12N	Excess of Non-Reimbursable Expense Over Offsets	12N	Excess of Non-Reimbursable Expense Over Offsets

UNDUP #	# service units delivered	UNDUP #	# service units delivered
1N	Direct Employee Compensation & Related Exp.	1N	Direct Employee Compensation & Related Exp.
2N	Direct Occupancy	2N	Direct Occupancy
3N	Direct Other Program/Operating	3N	Direct Other Program/Operating
4N	Direct Subcontract Expense	4N	Direct Subcontract Expense
5N	Direct Administrative Expense	5N	Direct Administrative Expense
6N	Direct Other Expense	6N	Direct Other Expense
7N	Direct Depreciation	7N	Direct Depreciation
8N	Total Direct Non-Reimbursable (Tie to 54E)	8N	Total Direct Non-Reimbursable (Tie to 54E)
9N	Total Direct and Allocated Non-Reimb. (54E:55E)	9N	Total Direct and Allocated Non-Reimb. (54E:55E)
10N	Eligible Non-Reimbursable Exp. Revenue Offsets	10N	Eligible Non-Reimbursable Exp. Revenue Offsets
11N	Capital Budget Revenue Adjustment	11N	Capital Budget Revenue Adjustment
12N	Excess of Non-Reimbursable Expense Over Offsets	12N	Excess of Non-Reimbursable Expense Over Offsets

UNDUP #	# service units delivered	UNDUP #	# service units delivered
1N	Direct Employee Compensation & Related Exp.	1N	Direct Employee Compensation & Related Exp.
2N	Direct Occupancy	2N	Direct Occupancy
3N	Direct Other Program/Operating	3N	Direct Other Program/Operating
4N	Direct Subcontract Expense	4N	Direct Subcontract Expense
5N	Direct Administrative Expense	5N	Direct Administrative Expense
6N	Direct Other Expense	6N	Direct Other Expense
7N	Direct Depreciation	7N	Direct Depreciation
8N	Total Direct Non-Reimbursable (Tie to 54E)	8N	Total Direct Non-Reimbursable (Tie to 54E)
9N	Total Direct and Allocated Non-Reimb. (54E:55E)	9N	Total Direct and Allocated Non-Reimb. (54E:55E)
10N	Eligible Non-Reimbursable Exp. Revenue Offsets	10N	Eligible Non-Reimbursable Exp. Revenue Offsets
11N	Capital Budget Revenue Adjustment	11N	Capital Budget Revenue Adjustment
12N	Excess of Non-Reimbursable Expense Over Offsets	12N	Excess of Non-Reimbursable Expense Over Offsets

UNDUP #	# service units delivered	UNDUP #	# service units delivered
1N	Direct Employee Compensation & Related Exp.	1N	Direct Employee Compensation & Related Exp.
2N	Direct Occupancy	2N	Direct Occupancy
3N	Direct Other Program/Operating	3N	Direct Other Program/Operating
4N	Direct Subcontract Expense	4N	Direct Subcontract Expense
5N	Direct Administrative Expense	5N	Direct Administrative Expense
6N	Direct Other Expense	6N	Direct Other Expense
7N	Direct Depreciation	7N	Direct Depreciation
8N	Total Direct Non-Reimbursable (Tie to 54E)	8N	Total Direct Non-Reimbursable (Tie to 54E)
9N	Total Direct and Allocated Non-Reimb. (54E:55E)	9N	Total Direct and Allocated Non-Reimb. (54E:55E)
10N	Eligible Non-Reimbursable Exp. Revenue Offsets	10N	Eligible Non-Reimbursable Exp. Revenue Offsets
11N	Capital Budget Revenue Adjustment	11N	Capital Budget Revenue Adjustment
12N	Excess of Non-Reimbursable Expense Over Offsets	12N	Excess of Non-Reimbursable Expense Over Offsets

UNDUP #	# service units delivered	UNDUP #	# service units delivered
1N	Direct Employee Compensation & Related Exp.	1N	Direct Employee Compensation & Related Exp.
2N	Direct Occupancy	2N	Direct Occupancy
3N	Direct Other Program/Operating	3N	Direct Other Program/Operating
4N	Direct Subcontract Expense	4N	Direct Subcontract Expense
5N	Direct Administrative Expense	5N	Direct Administrative Expense
6N	Direct Other Expense	6N	Direct Other Expense
7N	Direct Depreciation	7N	Direct Depreciation
8N	Total Direct Non-Reimbursable (Tie to 54E)	8N	Total Direct Non-Reimbursable (Tie to 54E)
9N	Total Direct and Allocated Non-Reimb. (54E:55E)	9N	Total Direct and Allocated Non-Reimb. (54E:55E)
10N	Eligible Non-Reimbursable Exp. Revenue Offsets	10N	Eligible Non-Reimbursable Exp. Revenue Offsets
11N	Capital Budget Revenue Adjustment	11N	Capital Budget Revenue Adjustment
12N	Excess of Non-Reimbursable Expense Over Offsets	12N	Excess of Non-Reimbursable Expense Over Offsets

UNDUP #	# service units delivered	UNDUP #	# service units delivered
1N	Direct Employee Compensation & Related Exp.	1N	Direct Employee Compensation & Related Exp.
2N	Direct Occupancy	2N	Direct Occupancy
3N	Direct Other Program/Operating	3N	Direct Other Program/Operating
4N	Direct Subcontract Expense	4N	Direct Subcontract Expense
5N	Direct Administrative Expense	5N	Direct Administrative Expense
6N	Direct Other Expense	6N	Direct Other Expense
7N	Direct Depreciation	7N	Direct Depreciation
8N	Total Direct Non-Reimbursable (Tie to 54E)	8N	Total Direct Non-Reimbursable (Tie to 54E)
9N	Total Direct and Allocated Non-Reimb. (54E:55E)	9N	Total Direct and Allocated Non-Reimb. (54E:55E)
10N	Eligible Non-Reimbursable Exp. Revenue Offsets	10N	Eligible Non-Reimbursable Exp. Revenue Offsets
11N	Capital Budget Revenue Adjustment	11N	Capital Budget Revenue Adjustment
12N	Excess of Non-Reimbursable Expense Over Offsets	12N	Excess of Non-Reimbursable Expense Over Offsets

PREPARER COMMENTS:

Notes to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned or actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
 *Program Type codes: 21 = SPED; 22 = HCFF/Medicaid Class Rate; 23 = Negotiated Accommodations Rate; 24 = Negotiated Accommodations Rate; 25 = Non-Negotiated Accommodations Rate; 26 = Other Non-specified Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable
 REVENUE

UFR Program Number	UFR Program Name	UFR Program Address	City	State	Zipcode	Program Type	Revenue	Actual	% Var
1R	Contib., Gilt, Leg., Bequests, Spec. Ev.						10.13	335.47	31.6%
2R	Gov. In-Kind/Capital Budget								
3R	Private In-Kind								
4R	Total Contribution and In-Kind								
5R	Mass Gov. Grant								
6R	Other Grant (excl. Fed. Direct)								
7R	Total Grants								
8R	Dept. of Mental Health (DMH)								
9R	Dept. of Developmental Services (DOS/DMR)								
10R	Dept. of Public Health (DPH)								
11R	Dept. of Children and Families (DCF/DSS)								
12R	Dept. of Transitional Assist. (OTAWELL)								
13R	Dept. of Youth Services (DYS)								
14R	Health Care Fin & Policy (HCF)-Contract								
15R	Health Care Fin & Policy (HCF)-JUGP								
16R	MA. Comm. For the Blind (MCB)								
17R	MA. Comm. For Deaf & H. (MCD)								
18R	MA. Rehabilitation Commission (MRC)								
19R	MA. Off. for Refugees & Immigr. (ORI)								
20R	Dept. of Early Educ. & Care (EEC)-Contract								
21R	Dept. of Early Educ. & Care (EEC)-Voucher								
22R	Dept. of Correction (DOC)								
23R	Dept. of Elementary & Secondary Educ. (DOE)								
24R	Parole Board (PAR)								
25R	Veteran's Services (VET)								
26R	Ex. Off. of Elder Affairs (ELD)								
27R	Div. of Housing & Community Develop(OCD)								
28R	POS Subcontract								
29R	Other Mass. State Agency POS								
30R	Mass State Agency Non - POS								
31R	Mass. Local Govt/Quasi-Govt. Entities								
32R	Non-Mass. State/Local Government								
33R	Direct Federal Grants/Contracts								
34R	Medicaid - Direct Payments								
35R	Medicaid - MBHP Subcontract								
36R	Medicare								
37R	Mass. Govt. Client Subsidies								
38R	Client Resources								
39R	Mass. spon.client SF/3rd Py offsets								
40R	Other Publicly sponsored client offsets								
41R	Private Client 3rd Py/other offsets								
42R	Total Assistance and Fees								
43R	Federal Fundraising								
44R	Commercial Activities								
45R	Non-Charitable Revenue								
46R	Investment Revenue								
47R	Other Revenue								
48R	Allocated Admin (M&G) Revenue								
49R	Released Net Assets-Program								
50R	Released Net Assets-Equipment								
51R	Released Net Assets-Time								
52R	Released Net Assets-Time								
53R	Total Revenue = 57E								

UFR Program Number	UFR Program Name	UFR Program Address	City	State	Zipcode	Program Type	Revenue	Actual	% Var
1S	OS Program Director (UFR Title 102)						0.91	34.82	
2S	Program Function Manager (UFR Title 101)						0.20	4,493	
3S	Asst. Program Director (UFR Title 103)						1.01	40.32	
4S	Supervising Professional (UFR Title 104)								
5S	Physician & Psychologist (UFR Title 105 & 121)								
6S	Physician Asst. (UFR Title 106)								
7S	N. Medwile, N.P., Psych N.J.A., R.N., M.A. (Title 107)								
8S	R.N., Non Masters (UFR Title 108)								
9S	L.P.N. (UFR Title 109)								
10S	Pharmacist (UFR Title 110)								
11S	Occupational Therapist (UFR Title 111)								
12S	Physical Therapist (UFR Title 112)								
13S	Speech / Lang. Pathol., Audiologist (UFR Title 113)								
14S	Dietician / Nutritionist (UFR Title 114)								
15S	Spec. Education Teacher (UFR Title 115)								
16S	Teacher (UFR Title 116)								
17S	Day Care Director (UFR Title 117)								
18S	Day Care Lead Teacher (UFR Title 118)								
19S	Day Care Teacher (UFR Title 119)								
20S	Day Care Asst. Teacher / Aide (UFR Title 120)								
21S	Psychologist - Doctorate (UFR Title 122)								
22S	Clinician-(formerly Psych.Masters)(UFR Title 123)								
23S	Social Worker - L.I.C.S.W. (UFR Title 124)								
24S	Social Worker - L.C.S.W., L.S.W. (UFR Title 125 & 126)								
25S	Licensed Counselor (UFR Title 127)								
26S	Cert. Voc. Rehab. Counselor (UFR Title 128)								
27S	Cert. Alch. & Drug Abuse Counselor (UFR Title 129)								
28S	Counselor (UFR Title 130)								
29S	Case Worker / Manager - Masters (UFR Title 131)								
30S	Case Worker / Manager (UFR Title 132)								
31S	Direct Care / Prog. Staff Superv. (UFR Title 133)								
32S	Direct Care / Prog. Staff III (UFR Title 134)								
33S	Direct Care / Prog. Staff II (UFR Title 135)								
34S	Direct Care / Prog. Staff I (UFR Title 136)								
35S	Prog. Secretarial / Clerical Staff (UFR Title 137)								
36S	Maintenance, House/Groundskeeping, Cook 138								
37S	Direct Care / Driver (UFR Title 138)								
38S	Direct Care Overtime, Shift Differential and Relief								
39S	Total Direct Program Staff = 1E								

UFR Program Number	UFR Program Name	UFR Program Address	City	State	Zipcode	Program Type	Revenue	Actual	% Var
1S	OS Program Director (UFR Title 102)						0.91	34.82	
2S	Program Function Manager (UFR Title 101)						0.20	4,493	
3S	Asst. Program Director (UFR Title 103)						1.01	40.32	
4S	Supervising Professional (UFR Title 104)								
5S	Physician & Psychologist (UFR Title 105 & 121)								
6S	Physician Asst. (UFR Title 106)								
7S	N. Medwile, N.P., Psych N.J.A., R.N., M.A. (Title 107)								
8S	R.N., Non Masters (UFR Title 108)								
9S	L.P.N. (UFR Title 109)								
10S	Pharmacist (UFR Title 110)								
11S	Occupational Therapist (UFR Title 111)								
12S	Physical Therapist (UFR Title 112)								
13S	Speech / Lang. Pathol., Audiologist (UFR Title 113)								
14S	Dietician / Nutritionist (UFR Title 114)								
15S	Spec. Education Teacher (UFR Title 115)								
16S	Teacher (UFR Title 116)								
17S	Day Care Director (UFR Title 117)								
18S	Day Care Lead Teacher (UFR Title 118)								
19S	Day Care Teacher (UFR Title 119)								
20S	Day Care Asst. Teacher / Aide (UFR Title 120)								
21S	Psychologist - Doctorate (UFR Title 122)								
22S	Clinician-(formerly Psych.Masters)(UFR Title 123)								
23S	Social Worker - L.I.C.S.W. (UFR Title 124)								
24S	Social Worker - L.C.S.W., L.S.W. (UFR Title 125 & 126)								
25S	Licensed Counselor (UFR Title 127)								
26S	Cert. Voc. Rehab. Counselor (UFR Title 128)								
27S	Cert. Alch. & Drug Abuse Counselor (UFR Title 129)								
28S	Counselor (UFR Title 130)								
29S	Case Worker / Manager - Masters (UFR Title 131)								
30S	Case Worker / Manager (UFR Title 132)								
31S	Direct Care / Prog. Staff Superv. (UFR Title 133)								
32S	Direct Care / Prog. Staff III (UFR Title 134)								
33S	Direct Care / Prog. Staff II (UFR Title 135)								
34S	Direct Care / Prog. Staff I (UFR Title 136)								
35S	Prog. Secretarial / Clerical Staff (UFR Title 137)								
36S	Maintenance, House/Groundskeeping, Cook 138								
37S	Direct Care / Driver (UFR Title 138)								
38S	Direct Care Overtime, Shift Differential and Relief								
39S	Total Direct Program Staff = 1E								

UFR Program Number	UFR Program Name	UFR Program Address	City	State	Zipcode	Program Type	Revenue	Actual	% Var
1S	OS Program Director (UFR Title 102)						0.91	34.82	
2S	Program Function Manager (UFR Title 101)						0.20	4,493	
3S	Asst. Program Director (UFR Title 103)						1.01	40.32	
4S	Supervising Professional (UFR Title 104)								
5S	Physician & Psychologist (UFR Title 105 & 121)								
6S	Physician Asst. (UFR Title 106)								
7S	N. Medwile, N.P., Psych N.J.A., R.N., M.A. (Title 107)								
8S	R.N., Non Masters (UFR Title 108)								
9S	L.P.N. (UFR Title 109)								
10S	Pharmacist (UFR Title 110)								
11S	Occupational Therapist (UFR Title 111)								
12S	Physical Therapist (UFR Title 112)								
13S	Speech / Lang. Pathol., Audiologist (UFR Title 113)								
14S	Dietician / Nutritionist (UFR Title 114)								
15S	Spec. Education Teacher (UFR Title 115)								
16S	Teacher (UFR Title 116)								
17S	Day Care Director (UFR Title 117)								
18S	Day Care Lead Teacher (UFR Title 118)								
19S	Day Care Teacher (UFR Title 119)								
20S	Day Care Asst. Teacher / Aide (UFR Title 120)								
21S	Psychologist - Doctorate (UFR Title 122)								
22S	Clinician-(formerly Psych.Masters)(UFR Title 123)								
23S	Social Worker - L.I.C.S.W. (UFR Title 124)								

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2016

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
 * Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE	Code	Description	MA (State)	City	Zipcode	FTE	Salary/Wage	Actual	Planned	% Var
1R	Contrib. Gifts, Leg. Bequests, Spec. Ev.									
2R	Gov. In-Kind/Capital Budget									
3R	Private In-Kind									
4R	Total Contribution and In-Kind									
5R	Mass Gov. Grant									
6R	Other Grant (excl. Fed Direct)									
7R	Total Grants									
8R	Dept. of Mental Health (DMH)									
9R	Dept. of Developmental Services (DDS/DMSR)									
10R	Dept. of Public Health (DPH)									
11R	Dept. of Children and Families (DCF/DSS)									
12R	Dept. of Transitional Assist. (DTA/WEL)									
13R	Dept. of Youth Services (DYS)									
14R	Health Care Fin. & Policy (HCFE)/Contract									
15R	Health Care Fin. & Policy (HCFE)/UCP									
16R	MA Comm. For the Blind (MCB)									
17R	MA Comm. For the Blind (MCB)									
18R	MA Comm. for Deaf & H.R. (MCD)									
19R	MA Rehabilitation Commission (MRC)									
20R	Dept. of Early Educ. & Care (EEC)-Contract									
21R	Dept. of Early Educ. & Care (EEC)-Voucher									
22R	Dept. of Connection (DOC)									
23R	Dept. of Elementary & Secondary Educ. (DOE)									
24R	Parole Board (PAR)									
25R	Veterans Services (VET)									
26R	Ex. Off. of Elder Affairs (ELD)									
27R	Div. of Housing & Community Develop.(OCD)									
28R	POS Subcontract									
29R	Other Mass. State Agency POS									
30R	Mass State Agency Non - POS									
31R	Mass. Local Gov./Quasi-Govt. Entities									
32R	Non-Mass. State/Local Government									
33R	Direct Federal Grants/Contracts									
34R	Medicaid - Direct Payments									
35R	Medicaid - MBHP Subcontract									
36R	Medicare									
37R	Mass. Govt. Client Stipends									
38R	Client Resources									
39R	Mass. spou./client SF/3rd Py offsets									
40R	Other Publicly sponsored client offsets									
41R	Private Client 3rd Py/other offsets									
42R	Total Assistance and Fees									
43R	Federated Fundraising									
44R	Commercial Activities									
45R	Non-Charitable Revenue									
46R	Investment Revenue									
47R	Other Revenue									
48R	Allocated Admin (M&G) Revenue									
49R	Released Net Assets-Program									
50R	Released Net Assets-Equipment									
51R	Released Net Assets-Time									
52R	Total Revenue = \$7E									
53R										

EXPENSE	Code	Description	MA (State)	City	Zipcode	FTE	Salary/Wage	Actual	Planned	% Var
1E	Total Direct Program Staff = 395									
2E	Chief Executive Officer									
3E	Chief Financial Officer									
4E	Academy/Clerical Support									
5E	Admin Maint/Reuse-Comdskeeping									
6E	Total Admin Employee									
7E	Commercial products & Svs/Mkting									
8E	Total FTE Salary/Wages									
9E	Payroll Taxes 150									
10E	Fringe Benefits 151									
11E	Accrual Adjustments									
12E	Total Employee Compensation & Rel. Exp.									
13E	Facility and Prog. Equip. Expenses 301,390									
14E	Facility & Prog. Equip. Depreciation 301									
15E	Facility Operation/Maint./Furn. 390									
16E	Facility General Liability Insurance 390									
17E	Total Occupancy									
18E	Direct Care Consultant 201									
19E	Temporary Help 202									
20E	Clients and Caregivers Remb./Stipends 203									
21E	Subcontracted Direct Care 206									
22E	Staff Training 204									
23E	Staff Mileage / Travel 205									
24E	Meals 207									
25E	Client Transportation 208									
26E	Vehicle Expenses 208									
27E	Vehicle Depreciation 208									
28E	Incidental Medical/Medicine/Pharmacy 209									
29E	Client Personal Allowances 211									
30E	Provision Material Goods/Svs./Benefits 212									
31E	Direct Client Wages 214									
32E	Other Commercial Prod. & Svs. 214									
33E	Program Supplies & Materials 215									
34E	Non Charitable Expenses									
35E	Other Expense									
36E	Total Other Program Expense									
42E	Other Professional Fees & Other Admin. Exp. 410									
43E	Leased Office/Program Office Equip. 410,390									
44E	Office Equipment Depreciation 410									
48E	Program Support 216									
49E	Professional Insurance 410									
50E	Working Capital Interest 410									
51E	Total Direct Administrative Expense									
52E	Admin (M&G) Reporting Center Allocation									
53E	Total Reimbursable Expense									
54E	Direct State/Federal Non-Reimbursable Expense									
55E	Allocation of State/Fed Non-Reimbursable Expense									
56E	TOTAL REVENUE = \$3R									
57E	TOTAL REVENUE = \$3R									
58E	OPERATING RESULTS									

UNDUP #	CLIENTS	DELIVERED	UNDUP # SERVICE UNITS	DELIVERED	DESCRIPTION
62			12,220		Non-Reimbursable Expense Detail
62			12,220		Direct Employee Compensation & Related Exp.
62			12,220		Direct Occupancy
62			12,220		Other Program/Operating
62			12,220		Subcontracted Expense
62			12,220		Administrative Expense
62			12,220		Direct Other Expense
62			12,220		Direct Occupancy
62			12,220		Total Direct Non-Reimbursable (Tie to 54E)
62			12,220		Eligible Non-Reimbursable Exp. Revenue Offsets
62			12,220		Capital Budget Revenue Adjustment
62			12,220		Excess of Non-Reimbursable Expense Over Offsets

CONTRACT ID	CHARACTERS	HHARS CODE	DEPT	CONTRACT INFORMATION	HHARS CODE
563.081	7570DS3784	3784	DHR	Contract ID-11	3784
563.081	7570DS3780C	3780	DHR	Performance Report (D-1)	3780
563.081	6870DS3781P	3781	DHR	Internet filing system	3781
563.081	6870DS3781P	3781	DHR	suspended for FY 08 filings	3781

STATE DEPT	PAYOR NAME	PAYOR'S FEIN
1PS		
2PS		
3PS		
4PS		
5PS		
6PS		
7PS		
8PS		
9PS		
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95PS		
96PS		
97PS		
98PS		
99PS		
100PS		

UFR Program Number: 10 Program Name: Florence House Program Address: 444 Cambridge Street (Name/Street) Worcester (City) MA (State) ZIP Code: 01609
 *Program Type: 23 *Program Type: 23 # Weeks operated during last period (e.g., 52) \$52.00 # operating hours/week (e.g., 40) 168.00
 https://www.fda.gov/default.htm Catalog of Federal Domestic Assistance #:
 Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant placed to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
 *Program Type codes: 21 = SPED; 22 = HCFF/Medicaid Class Rate; 23 = Negotiated Accommodations Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE	IR	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	IR	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R							

Program Name: UFR Foster Care
Program Address: 1310 Centis Street, Newton (City), MA 02459 (State)
Program Type: 23 - *Program Type: 23
UFR Program Number: 12
UFR Program Name: UFR Foster Care
UFR Program Address: 1310 Centis Street, Newton (City), MA 02459 (State)
UFR Program Type: 23 - *Program Type: 23

Description: Unaccompanied Refugee Minor Program
Category of Federal Domestic Assistance #: 93.566
FEIN: 04566243
Operating hours/week (e.g., 40): 188.00
Website: http://www.cdfa.gov/default.html
Operating hours/week (e.g., 40): 188.00

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Program Type codes: 21 = SPED, 22 = HCFF/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE	Code	Description	Rate	Units	Revenue	Actual	Planned	% Var
1R	Conth. Gifts, Leg. Bequests, Spec. Ev.							
2R	Gov. In-Kind/Capital Budget							
3R	Private In-Kind							
4R	Total Contribution and In-Kind							
5R	Mass Gov. Grant							
6R	Other Grant (excl. Fed Direct)							
7R	Total Grants							
8R	Dept. of Mental Health (DMH)							
9R	Dept. of Developmental Services (DDS/DMR)							
10R	Dept. of Public Health (DPH)							
11R	Dept. of Children and Families (DCF/DSS)							
12R	Dept. of Transitional Assis. (DTA/WEL)							
13R	Dept. of Youth Services (DYS)							
14R	Health Care Fin. & Policy (HCFP)/JCP							
15R	Health Care Fin. & Policy (HCFP)/JCP							
16R	MA. Comm. For the Blind (MGB)							
17R	MA. Comm. for Deaf & H (MCD)							
18R	MA. Rehabilitation Commission (MRC)							
19R	MA. Off. for Refugees & Immigr. (ORI)							
20R	Dept. of Early Educ. & Care (EEC)/Contract							
21R	Dept. of Early Educ. & Care (EEC)/Voucher							
22R	Dept. of Correction (DOC)							
23R	Dept. of Elementary & Secondary Educ. (DOE)							
24R	Parole Board (PAR)							
25R	Veteran's Services (VET)							
26R	Ex. Off. of Elder Affairs (ELD)							
27R	Div. of Housing & Community Develop(OCD)							
28R	POS Subcontract							
29R	Other Mass. State Agency POS							
30R	Mass State Agency Non - POS							
31R	Mass. Local Govt/Quasi-Govt. Entities							
32R	Non-Mass. State/Local Government							
33R	Direct Federal Grants/Contracts							
34R	Medicaid - MBHP Payments							
35R	Medicaid - MBHP Subcontract							
36R	Medicare							
37R	Mass. Govt. Client Selpends							
38R	Client Resources							
39R	Mass. spon.client SF/3rd Ply offsets							
40R	Other Publicly sponsored client offsets							
41R	Private Client Fees (excluding 3rd Ply)							
42R	Private Client 3rd Ply/other offsets							
43R	Total Assistance and Fees							
44R	Federal Fundraising							
45R	Commercial Activities							
46R	Non-Charitable Revenue							
47R	Investment Revenue							
48R	Other Revenue							
49R	Allocated Admin (M&G) Revenue							
50R	Released Net Assets-Program							
51R	Released Net Assets-Equipment							
52R	Released Net Assets-Time							
53R	Total Revenue = 57E							

EXPENSE - ACTUAL/PLANNED	FTE	Actual	Planned	% Var
1E Total Direct Program Staff = 39S	27.44	1,250,394	876,202	42.3 %
2E Chief Executive Officer				
3E Chief Financial Officer				
4E Acting/Chief Support				
5E Admin/HR/IT/Finance-Grantkeeping				
6E Total Admin Employee				
7E Commercial products & Svcs/Mktg				
8E Total FTE/Salary/Wages	27.44	1,250,394		
9E Payroll Taxes 130		89,710		
10E Fringe Benefits 151		153,059		
11E Accrual Adjustments				
12E Total Employee Compensation & Rel. Exp.		1,493,169	1,511,988	-7.4 %
13E Facility and Prog. Equip. Expenses 301,390		167		
14E Facility & Prog. Equip. Depreciation 301		3,336		
15E Facility Operation/Maint./Furn. 390		164,618		
16E Facility General Liability Insurance 390		1,990		
17E Total Occupancy		170,711	181,494	-5.9 %
18E Direct Care Consultant 201		34,407		
19E Temporary Help 202		231,739		
20E Clients and Caregivers Reimb./Stipends 203		183,219		
21E Subcontracted Direct Care 206		87,366		
22E Staff Training 204		602		
23E Staff Mileage / Travel 205		1,881		
24E Meals 207		(977)		
25E Client Transportation 208				
26E Vehicle Expenses 208				
27E Vehicle Depreciation 208				
28E Incidental Medical/Medicine/Pharmacy 209				
29E Client Personal Allowances 211				
30E Provision Material Goods/Svs./Benefits 212				
31E Direct Client Wages 214				
32E Other Commercial Prod. & Svs. 214				
33E Program Supplies & Materials 215				
34E Non Charitable Expenses				
35E Other Expense				
36E Total Other Program Expense		744,772	828,346	-10.1 %
42E Other Professional Fees & Other Admin. Exp. 410		25,975		
43E Leased Office/Program Office Equip 410,390				
44E Office Equipment Depreciation 410				
48E Program Support 216		38,656		
49E Professional Insurance 410		12,296		
50E Working Capital Interest 410				
51E Total Direct Administrative Expense		76,967	83,536	-21.0 %
52E Admin (M&G) Reporting Center Allocation		451,431	271,174	66.5 %
53E Total Reimbursable Expense		2,936,949	2,956,538	-0.7 %
54E Direct State/Federal Non-Reimbursable Expense				
55E Allocation of State/Fed Non-Reimbursable Expense				
56E TOTAL REVENUE = 53R		2,936,949	2,956,538	-0.7 %
57E TOTAL EXPENSE = 53R		2,960,438		
58E OPERATING RESULTS		43,488	(2,956,538)	

CRP Preliminary Calculation of Cost Reimb. Excess Rev. * (subject to OSD adjustment)

NON-REIMBURSABLE EXPENSE DETAIL	Description	Amount
1N Direct Employee Compensation & Related Exp.		
2N Direct Occupancy		
3N Direct Other Program/Operating		
4N Direct Subcontract Expense		
5N Direct Administrative Expense		
6N Direct Other Expense		
7N Direct Depreciation		
8N Total Direct Non-Reimbursable (Tie to 54E)		
9N Total Direct and Allocated Non-Reimb. (54E+55E)		1,196,696
10N Eligible Non-Reimbursable Exp. Revenue Offsets		
11N Capital Budget Revenue Adjustment		
12N Excess of Non-Reimbursable Expense Over Offsets		(1,196,696)

UNDUP # service units delivered

Client	# service units delivered
16	180
180	180
16	180
180	1,250,394

SERVICE STATISTICS

Enter defined unit of service:	Days
20	20
Enter total unit capacity:	

MASSACHUSETTS CONTRACT INFORMATION

Dept	Contract ID	Character	MMARS Code
1C	BSS	0952163260	GSSU
2C	BSS	0952163260	GSSU
3C	BSS	0952163260	GSSU
4C	BSS	0952163260	GSSU
5C	BSS	0952163260	GSSU

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester (City) MA (State) 01629 (Zipcode) Catalog of Federal Domestic Assistance #: 93.556 # operating hours/week (e.g., 40) 40.00
 Program Address: 30 Harvard Street (Number/Street) # Weeks operated during audit period (e.g., 52) 52.00
 *Program Type: 27

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 * Program Type codes: 21 = SPED, 22 = HCFP/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE	OS	STAFFING # hours/yr = 1,600 FTE:	FTE	Salary/Wage	Planned	Actual	% Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.		0.12	7,755	2.36	97,915	10%
2R	Gov. In-Kind/Capital Budget		0.05	6,391	58,435		
3R	Private In-Kind		0.25	8,778			
4R	Total Contribution and In-Kind						
5R	Mass Gov. Grant						
6R	Other Grant (excl. Fed Direct)						
7R	Total Grants						
8R	Dept. of Mental Health (DMH)						
9R	Dept. of Developmental Services (DDS/DMP)						
10R	Dept. of Public Health (DPH)						
11R	Dept. of Children and Families (DCF/DSS)						
12R	Dept. of Transitional Assist. (DTA/WEL)						
13R	Dept. of Youth Services (DYS)						
14R	Health Care Fin. & Policy (HCF)/JCP						
15R	Health Care Fin. & Policy (HCF)/JCP						
16R	MA Comm. For the Blind (MCB)						
17R	MA Comm. For the Deaf & H.H. (MCD)						
18R	MA Rehabilitation Commission (MRC)						
19R	MA Off. for Refugees & Immigr. (ORI)						
20R	Dept. of Early Educ. & Care (EEC)-Contract						
21R	Dept. of Early Educ. & Care (EEC)-Voucher						
22R	Dept. of Correction (DOC)						
23R	Dept. of Elementary & Secondary Educ. (DOE)						
24R	Patriot Board (PAR)						
25R	Veteran's Services (VET)						
26R	Ex. Off. of Elder Affairs (ELD)						
27R	Div. of Housing & Community Development (OCD)						
28R	POS Subcontract						
29R	Other Mass. State Agency POS						
30R	Mass. State Agency Non-POS						
31R	Mass. Local Govt/Quasi-Govt. Entities						
32R	Non-Mass. State/Local Government						
33R	Direct Federal Grants/Contracts						
34R	Medicaid - Direct Payments						
35R	Medicaid - MBHP Subcontract						
36R	Medicare						
37R	Mass. Govt. Client Stipends						
38R	Client Resources						
39R	Mass. spon.client SF/3rd Py offsets						
40R	Other Publicly sponsored client offsets						
41R	Private Client 3rd Py/other offsets						
42R	Total Assistance and Fees						
43R	Federated Fundraising						
44R	Commercial Activities						
45R	Non-Charitable Revenue						
46R	Investment Revenue						
47R	Other Revenue						
48R	Allocated Admin (M&G) Revenue						
49R	Released Net Assets-Program						
50R	Released Net Assets-Equipment						
51R	Released Net Assets-Time						
52R	Total Revenue = \$7E						
53R							

EXPENSES - ACTUAL/PLANNED	FTE	Actual	Planned	% Var
1E Total Direct Program Staff = \$9S	2.36	58,435	97,915	10%
2E Chief Executive Officer				
3E Chief Financial Officer				
4E Acting/Clerical Support				
5E Admin Maint/House-Coordkeeping				
6E Total Admin Employee				
7E Commercial products & Svc/Mktg				
8E Total FTE Salary/Wages	2.36	69,435		
9E Payroll Taxes, 1% ¹		7,325		
10E Fringe Benefits, 15%		13,500		
11E Accrual Adjustments				
12E Total Employee Compensation & Rel. Exp.		120,260		
13E Facility and Prog. Equip. Expenses 301,300				
14E Facility & Prog. Equip. Depreciation 301				
15E Facility Operation/Maint./Furn. 390				
16E Facility General Liability Insurance 390				
17E Total Occupancy		24,692		
18E Direct Care Consultant 201				
19E Temporary Help 202				
20E Clients and Caregivers Reimb./Stipends 203				
21E Subcontracted Direct Care 206				
22E Staff Training 204				
23E Staff Mileage / Travel 205				
24E Meals 207				
25E Client Transportation 208				
26E Vehicle Expenses 208				
27E Vehicle Depreciation 208				
28E Incident Medical/Medicine/Pharmacy 209				
29E Client Personal Allowances 211				
30E Provision Material Goods/Svs./Benefits 212				
31E Direct Client Wages 214				
32E Other Commercial Prod. & Svs. 214				
33E Program Supplies & Materials 215				
34E Non Charitable Expenses				
35E Other Expense				
36E Total Other Program Expense		4,891		
42E Other Professional Fees & Other Admin. Exp. 410				
43E Leased Office/Program Office Equip. 410 390				
44E Office Equipment Depreciation 410				
48E Program Support 216		1,159		
49E Professional Insurance 410		992		
50E Working Capital Interest 410				
51E Total Direct Administrative Expense		3,048		
52E Admin (M&G) Reporting Center Allocation		32,939		
53E Total Reimbursable Expense		185,831		
54E Direct State/Federal Non-Reimbursable Expense				
55E Allocation of State/Fed Non-Reimbursable Expense				
56E TOTAL EXPENSE = 53R		185,831		
57E TOTAL REVENUE = 54R		136,365		
58E OPERATING RESULTS		(49,466)		

CRE Primary Calculation of Cost Reimb. Excess Rev. (subject to OSD adjustment)

NON-REIMBURSABLE EXPENSE DETAIL	Description
1N Direct Employee Compensation & Related Exp.	
2N Direct Occupancy	
3N Direct Other Program/Operating	
4N Direct Subcontract Expense	
5N Direct Administrative Expense	
6N Direct Other Expense	
7N Direct Depreciation	
8N Total Direct Non-Reimbursable (Tie to 54E)	
9N Total Direct and Allocated Non-Reimb. (54E-55E)	
10N Eligible Non-Reimbursable Exp. Revenue Offsets	
11N Capital Budget Revenue Adjustment	
12N Excess of Non-Reimbursable Expense Over Offsets	

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UNDUP # # service units delivered

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Program Name: Refugee Job Services, West Springfield
 Program Address: 593 Main Street, West Springfield (City), MA 01089 (State), (Zipcode)
 *Program Type: 27
 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

15S Program Director (UFR Title 102) 40
 16S Program Function Manager (UFR Title 101)
 17S Asst. Prog. Director (UFR Title 103)
 18S Supervising Professional (UFR Title 104)
 19S Physician & Psychiatrist (UFR Title 105 & 121)
 20S N. Medicine NP., Psych N./N.A., R.N., MA (Title 107)
 21S R.N. - Non-Masters (UFR Title 108)
 22S L.P.N. (UFR Title 109)
 23S Pharmacist (UFR Title 110)
 24S Occupational Therapist (UFR Title 111)
 25S Physical Therapist (UFR Title 112)
 26S Speech /Lang. Pathol., Audiologist (UFR Title 113)
 27S Dietician / Nutritionist (UFR Title 114)
 28S Spec. Education Teacher (UFR Title 115)
 29S Teacher (UFR Title 116)
 30S Day Care Director (UFR Title 117)
 31S Day Care Lead Teacher (UFR Title 118)
 32S Day Care Teacher (UFR Title 119)
 33S Day Care Asst. Teacher / Aide (UFR Title 120)
 34S Psychologist - Doctorate (UFR Title 122)
 35S Clinician-(formerly Psych.Masters)(UFR Title 123)
 36S Social Worker - L.I.C.S.W. (UFR Title 124)
 37S Social Worker - L.C.S.W., L.S.W. (UFR Title 125 & 126)
 38S Licensed Counselor (UFR Title 127)
 39S Cert. Voc. Rehab. Counselor (UFR Title 128)
 40S Cert. Alch. &/or Drug Abuse Counselor (UFR Title 129)
 41S Counselor (UFR Title 130)
 42S Case Worker / Manager - Masters (UFR Title 131)
 43S Case Worker / Manager (UFR Title 132)
 44S Direct Care / Prog. Staff Superv. (UFR Title 133)
 45S Direct Care / Prog. Staff III (UFR Title 134)
 46S Direct Care / Prog. Staff II (UFR Title 135)
 47S Direct Care / Prog. Staff I (UFR Title 136)
 48S Prog. Secretarial / Clerical Staff (UFR Title 137)
 49S Maintenance, House/groundskeeping, Cook 138
 50S Direct Care / Driver Staff (UFR Title 138)
 51S Direct Care Overtime, Shift Differential and Relief
 52S Total Direct Program Staff = 1E

15S Enter defined unit of service: 73
 25S Enter total unit capacity: 73

35S Publicly sponsored clients:
 45S Privately sponsored clients:
 55S Performance Report (D-1)
 65S Internal filing system
 75S suspended for FY '08 filings

MASSACHUSETTS CONTRACT INFORMATION
 Dept Contract ID-11 Characters MHAES Code
 1C 001 143RE500007 2021

POS SUBCONTRACT INFORMATION
 State Dept Payor Name Payor's FEIN
 1P5
 2P5
 3P5

15S 54,098
 25S
 35S
 45S
 55S
 65S
 75S

15S
 25S
 35S
 45S
 55S
 65S
 75S

Notes to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned or actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable. * Program Type codes: 21 = SPED; 22 = HCFF/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = In-Kind/Donations; 26 = Other Non-Reimbursable; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE	UFR Program Number	UFR Program Name	Program Address	City	State	Zipcode	MA	Operating Hours/Week	% Var
1R	34	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	18.5%	
2R	73	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	40.00	

EXPENSE	UFR Program Number	UFR Program Name	Program Address	City	State	Zipcode	MA	Operating Hours/Week	% Var
1E	34	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	18.5%	
2E	73	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	40.00	

EXPENSE	UFR Program Number	UFR Program Name	Program Address	City	State	Zipcode	MA	Operating Hours/Week	% Var
1E	34	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	18.5%	
2E	73	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	40.00	

EXPENSE	UFR Program Number	UFR Program Name	Program Address	City	State	Zipcode	MA	Operating Hours/Week	% Var
1E	34	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	18.5%	
2E	73	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	40.00	

EXPENSE	UFR Program Number	UFR Program Name	Program Address	City	State	Zipcode	MA	Operating Hours/Week	% Var
1E	34	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	18.5%	
2E	73	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	40.00	

EXPENSE	UFR Program Number	UFR Program Name	Program Address	City	State	Zipcode	MA	Operating Hours/Week	% Var
1E	34	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	18.5%	
2E	73	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	40.00	

EXPENSE	UFR Program Number	UFR Program Name	Program Address	City	State	Zipcode	MA	Operating Hours/Week	% Var
1E	34	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	18.5%	
2E	73	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	40.00	

EXPENSE	UFR Program Number	UFR Program Name	Program Address	City	State	Zipcode	MA	Operating Hours/Week	% Var
1E	34	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	18.5%	
2E	73	Creative Living DMR	288 South Main Street	Andover	MA	01810	52.00	40.00	

UFR Program Number: 35	Program Name: 593 North Main Street (Number/Street)	West Springfield (City)	MA (State)	01089 (Zipcode)	Department of Education	Catalog of Federal Domestic Assistance #: http://www.ecfa.gov/default.htm	# Weeks operated during audit period (e.g., 52)	# operating hours/week (e.g., 40)
1R	Commb. Gifts, Leg. Bequests, Spec. Ev.							
2R	Gov. In-Kind/Capital Budget							
3R	Private In-Kind							
4R	Total Contribution and In-Kind							
5R	Mass Gov. Grant							
6R	Other Grant (excl. Fed Direct)							
7R	Total Grants							
8R	Dept. of Mental Health (DMH)							
9R	Dept. of Developmental Services (DDS/DMR)							
10R	Dept. of Public Health (DPH)							
11R	Dept. of Children and Families (DCF/DSS)							
12R	Dept. of Transitional Assist (DTAWEL)							
13R	Dept. of Youth Services (DYS)							
14R	Health Care Fin. & Policy (HCF)/JUCP							
15R	Health Care Fin. & Policy (HCF)/JUCP							
16R	MA. Comm. For the Blind (MCB)							
17R	MA. Comm. for Deaf & H (MCD)							
18R	MA. Rehabilitation Commission (MRC)							
19R	MA. Off. for Refugees & Immigr. (ORI)							
20R	Dept. of Early Educ. & Care (EEC)-Contract							
21R	Dept. of Early Educ. & Care (EEC)-Voucher							
22R	Dept. of Correction (DOC)							
23R	Dept. of Elementary & Secondary Educ. (DOE)							
24R	Parole Board (PAR)							
25R	Veteran's Services (VET)							
26R	Ex. Off. of Elder Affairs (ELD)							
27R	Dv. of Housing & Community Develop (OCD)							
28R	POS Subcontract							
29R	Other Mass. State Agency POS							
30R	Mass State Agency Non-POS							
31R	Mass. Local Govt/Quasi-Govt. Entities							
32R	Non-Mass. State/Local Government							
33R	Direct Federal Grants/Contract							
34R	Medicaid - Direct Payments							
35R	Medicaid - MBHP Subcontract							
36R	Medicare							
37R	Mass. Govt. Client Subpends							
38R	Client Resources							
39R	Mass. spon.client SF/3rd Py offsets							
40R	Other Publicly sponsored client offsets							
41R	Private Client Fees (excluding 3rd Py)							
42R	Private Client 3rd Py/other offsets							
43R	Total Assistance and Fees							
44R	Federated Fundraising							
45R	Commercial Activities							
46R	Non-Charitable Revenue							
47R	Other Revenue							
48R	Investment Revenue							
49R	Allocated Net (M&G) Revenue							
50R	Released Net Assets-Program							
51R	Released Net Assets-Equipment							
52R	Released Net Assets-Time							
53R	Total Revenue = 57E							
1S	Subcontracted Direct Care Expense Detail							
2S	Subcontractor Name							
3S	Expense Amt.							
4S	FEIN							
5S	Comm. of MA Surplus Rev. Retention Share							
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ORGANIZATION: Asenitha Community Services, Inc. **PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited** **FY END:** 6/30/2016 **FEIN:** 043565243

UFR Program Number: 50 **Program Name:** Mass/REAP **Description:** Worcester (City) MA (State) 01604 (Zipcode) **Catalog of Federal Domestic Assistance #:** 93.575 **B**
UFR Program Type: 27 **Program Address:** 14 East Worcester Street (Numerical/Street) **Program Services:** # Weeks operated during audit period (e.g., 52): 52.00 **# operating hours/week (e.g., 40):** 40.00
<http://www.cfda.gov/default.htm>

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances, the presence of significant planned or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable. **Program Type codes:** Z1 = SPED; Z2 = HCFF/Medicaid Class Rate; Z3 = Negotiated Unit Rate; Z4 = Negotiated Accommodations Rate; Z5 = Non-negotiated Unit Rate; Z7 = Cost Reimbursement; NA = Not Applicable

REVENUE	UFR Program Number	Program Name	Program Address	City	State	Zipcode	Program Services	Weeks	Operating Hours/Week	Planned	Actual	% Var
1R	Commb. Gifts, Leg., Bequests, Spec. Ev.									179	73,604	24.3 %
2R	Gov. In-Kind/Capital Budget									179	73,604	24.3 %
3R	Private In-Kind									5,966		
4R	Total Contribution and In-Kind									9,551		
5R	Mass Gov. Grant									10		
6R	Other Grant (exclud. Fed Direct)									16,395		
7R	Total Grants									26		
8R	Dept. of Mental Health (DMH)									16,431		78.2 %
9R	Dept. of Developmental Services (DDS/DMR)									1		
10R	Dept. of Public Health (DPH)											
11R	Dept. of Children and Families (DCF/DSS)											
12R	Dept. of Transitional Assist. (DTAWEL)											
13R	Dept. of Youth Services (DYS)											
14R	Health Care Fin. & Policy (HCF)-UCP											
15R	Health Care Fin. & Policy (HCF)-JCP											
16R	MA Comm. For the Blind (MCB)											
17R	MA Comm. For Deaf & H (MCD)											
18R	MA Rehabilitation Commission (MRC)											
19R	MA Off. for Refugees & Immigr (ORI)											
20R	Dept. of Early Educ. & Care (EEC)-Contract											
21R	Dept. of Early Educ. & Care (EEC)-Contract											
22R	Dept. of Correction (DOC)											
23R	Dept. of Elementary & Secondary Educ. (DOE)											
24R	Parole Board (PAR)											
25R	Veteran's Services (VET)											
26R	Ex. Off. of Elder Affairs (ELD)											
27R	Dv. of Housing & Community Develop(OCD)											
28R	POS Subcontract											
29R	Other Mass. State Agency POS											
30R	Mass State Agency Non - POS											
31R	Mass. Local Govt/Quasi-Govt. Entities											
32R	Non-Mass. State/Local Government											
33R	Direct Federal Grants/Contracts											
34R	Medicaid - Direct Payments											
35R	Medicaid - MBHP Subcontract											
36R	Medicare											
37R	Mass. Govt. Client Subpends											
38R	Client Resources											
39R	Mass. spon.client SF/3rd Pty offsets											
40R	Other Publicly sponsored client offsets											
41R	Private Client Fees (excluding 3rd Pty)											
42R	Private Client 3rd Pty/other offsets											
43R	Total Assistance and Fees											
44R	Federated Fundraising											
45R	Commercial Activities											
46R	Non-Charitable Revenue											
47R	Investment Revenue											
48R	Other Revenue											
49R	Allocated Admin (MAG) Revenue											
50R	Released Net Assets-Program											
51R	Released Net Assets-Equipment											
52R	Released Net Assets-Time											
53R	Total Revenue = 57E											

STAFFING: 7 hours/yr = 1,000 FTE; 40 (FTE) Salary/Wage

UFR Program Number	Program Name	Program Address	City	State	Zipcode	Program Services	Weeks	Operating Hours/Week	Planned	Actual	% Var
05	STAFFING										
1S	Program Director (UFR Title 101)										
2S	Program Function Manager (UFR Title 103)										
3S	Asst. Program Director (UFR Title 104)										
4S	Supervising Professional (UFR Title 105 & 121)										
5S	Physician & Psychiatrist (UFR Title 106)										
6S	Physician Asst. (UFR Title 107)										
7S	N. Midwife, N.P., Psych N.A., R.N., MA (Title 108)										
8S	R.N. - Non Masters (UFR Title 109)										
9S	L.P.N. (UFR Title 109)										
10S	Pharmacist (UFR Title 110)										
11S	Occupational Therapist (UFR Title 111)										
12S	Physical Therapist (UFR Title 112)										
13S	Speech / Lang. Pathol., Audiologist (UFR Title 113)										
14S	Dietician / Nutritionist (UFR Title 114)										
15S	Spec. Education Teacher (UFR Title 115)										
16S	Teacher (UFR Title 116)										
17S	Day Care Director (UFR Title 117)										
18S	Day Care Lead Teacher (UFR Title 118)										
19S	Day Care Teacher (UFR Title 119)										
20S	Day Care Asst. Teacher / Aide (UFR Title 120)										
21S	Psychologist - Doctorate (UFR Title 122)										
22S	Chician-(formerly Psych/Masters)(UFR Title 123)										
23S	Social Worker - L.I.C.S.W. (UFR Title 124)										
24S	Social Worker - L.C.S.W., L.S.W. (UFR Title 125 & 126)										
25S	Licensed Counselor (UFR Title 127)										
26S	Cert. Voc. Rehab. Counselor (UFR Title 128)										
27S	Cert. Alc. &or Drug Abuse Counselor (UFR Title 129)										
28S	Counselor (UFR Title 130)										
29S	Case Worker / Manager - Masters (UFR Title 131)										
30S	Case Worker / Manager (UFR Title 132)										
31S	Direct Care /Prog. Staff Superv. (UFR Title 133)										
32S	Direct Care /Prog. Staff III (UFR Title 134)										
33S	Direct Care /Prog. Staff I (UFR Title 135)										
34S	Direct Care /Prog. Staff I (UFR Title 136)										
35S	Prog. Secretarial / Clerical Staff (UFR Title 137)										
36S	Maintenance, House/Groundskeeping, Cook 138										
37S	Direct Care /Driver Shift (UFR Title 138)										
38S	Direct Care Overtime, Shift Differential and Relief										
39S	Total Direct Program Staff = 1E										

Service Statistics
 1S Enter defined unit of service: Clients Served
 2S Enter total unit capacity: 24
 3S Publicly sponsored clients: 24
 4S Privately sponsored clients: 0
 5S Performance Report (D-1) Free Care clients: 0
 6S (Internet filing system)
 7S Suspend for FT 08 filings: 0

MASSACHUSETTS CONTRACT INFORMATION
 Dept Contract ID-11 Characters MMARS Code
 1C ORI 14REAP0002 221

POS SUBCONTRACT INFORMATION
 State Dept Payor Name Payor's FEIN
 1PS
 2PS
 3PS

NON-REIMBURSABLE EXPENSE DETAIL
 Description
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E-55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

PREPARER COMMENTS:
 Comm. Of MA Surplus Rev. Retention Share N/A
 1SDC
 2SDC
 3SDC
 4SDC
 5SDC

Subcontracted Direct Care Expense Detail
 Subcontract Name FEIN Expense Amt.
 1SDC
 2SDC
 3SDC
 4SDC
 5SDC

Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements)
 8512
 (8512)

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
 * Program codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE	DESCRIPTION	FTE	PLANNED	ACTUAL	% Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.				
2R	Gov. In-Kind/Capital Budget				
3R	Private In-Kind				
4R	Total Contribution and In-Kind				
5R	Mass Gov. Grant				
6R	Other Grant (excl. Fed. Direct)				
7R	Total Grants				
8R	Dept. of Mental Health (DMH)				
9R	Dept. of Developmental Services (DDS/DMR)				
10R	Dept. of Public Health (DPH)				
11R	Dept. of Children and Families (DCF/IDSS)				
12R	Dept. of Transitional Assist. (DTA/MEL)				
13R	Dept. of Youth Services (DYS)				
14R	Health Care Fin. & Policy (HCF)/UCCP				
15R	Health Care Fin. & Policy (HCF)/UCCP				
16R	MA. Comm. For the Blind (MCB)				
17R	MA. Comm. For the Deaf & H.H. (MCD)				
18R	MA. Rehabilitation Commission (MRC)				
19R	MA. Off. for Refugees & Immigr. (ORI)				
20R	Dept. of Early Educ. & Care (EEC)/Contract				
21R	Dept. of Early Educ. & Care (EEC)/Voucher				
22R	Dept. of Correction (DOC)				
23R	Dept. of Elementary & Secondary Educ. (DOE)				
24R	Parole Board (PAR)				
25R	Veteran's Services (VET)				
26R	Ex. Off. of Elder Affairs (ELD)				
27R	Div. of Housing & Community Develop(OCD)				
28R	POS Subcontract				
29R	Other Mass. State Agency POS				
30R	Mass State Agency Non-POS				
31R	Mass. Local Gov./Quasi-Gov. Entities				
32R	Non-Mass. State/Local Government				
33R	Direct Federal Grants/Contracts				
34R	Medicaid - Direct Payments				
35R	Medicaid - MBHP Subcontract				
36R	Medicare				
37R	Mass. Govt. Client Stipends				
38R	Mass. spon. client SF/Dvd Pfy offsets				
39R	Other Publicly sponsored client offsets				
40R	Private Client Fees (excluding 3rd Pfy)				
41R	Private Client 3rd Pfy/other offsets				
42R	Total Assistance and Fees				
43R	Federated Fundraising				
44R	Commercial Activities				
45R	Non-Charitable Revenue				
46R	Investment Revenue				
47R	Other Revenue				
48R	Allocated Admin (MSG) Revenue				
49R	Released Net Assets-Program				
50R	Released Net Assets-Equipment				
51R	Released Net Assets-Time				
52R	Total Revenue = 57E				
53R	Total Revenue = 57E				
1SDC	Subcontracted Direct Care Expense Detail				
2SDC	Subcontractor Name				
3SDC	FEIN				
4SDC	Expense Amt.				
5SDC					
1PS	State Dept				
2PS	Payor Name				
3PS	Payor's FEIN				
1C	Contract ID-11 Characters				
2C	Contract ID-11 Characters				
3C	Contract ID-11 Characters				
4C	Contract ID-11 Characters				
5C	Contract ID-11 Characters				
1S	Enter defined unit of service:				
2S	Enter total unit capacity:				
3S	Publicly sponsored clients:				
4S	Privately sponsored clients:				
5S	OSD's Program				
6S	Performance Report (D-1)				
7S	Internet filing system				
8S	Free Care clients:				
9S	Total:				
10S	Enter defined unit of service:				
11S	Enter total unit capacity:				
12S	Publicly sponsored clients:				
13S	Privately sponsored clients:				
14S	OSD's Program				
15S	Performance Report (D-1)				
16S	Internet filing system				
17S	Free Care clients:				
18S	Total:				
19S	Enter defined unit of service:				
20S	Enter total unit capacity:				
21S	Publicly sponsored clients:				
22S	Privately sponsored clients:				
23S	OSD's Program				
24S	Performance Report (D-1)				
25S	Internet filing system				
26S	Free Care clients:				
27S	Total:				
1N	Direct Employee Compensation & Related Exp.				
2N	Direct Occupancy				
3N	Direct Other Program/Operating				
4N	Direct Subcontract Expense				
5N	Direct Administrative Expense				
6N	Direct Other Expense				
7N	Direct Depreciation				
8N	Total Direct Non-Reimbursable (Tie to 54E)				
9N	Total Direct and Allocated Non-Reimb. (54E+55E)				
10N	Eligible Non-Reimbursable Exp. Revenue Offsets				
11N	Capital Budget Revenue Adjustment				
12N	Excess of Non-Reimbursable Expense Over Offsets				
13N	Non-Mass Employee Compensation & Related Expenses				
14N	Non-Mass Occupancy Related Expense				
15N	Non-Mass Program and Operating Expenses				
16N	Non-Mass Depreciation				
17N	Non-Mass Bad Debt and Interest Expense				
18N	Non-Mass Depreciation				
19N	(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)				

UFR Program Name: Bridgeway House
 Program Address: 659 Summer Street
 Program Type: 23
 Description: Residential Services
 MA (State): 02302
 City: Boston
 # Weeks operated during audit period (e.g., 52): 52.00
 # operating hours/week (e.g., 40): 40.00
 http://www.cfsda.org/default.htm

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 * Program Type codes: 21 = SPED, 22 = HCFF/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable.
 REVENUE

UFR	Code	Description	Actual	Planned	% Var
1R		Contrib. Gifts, Leg. Bequests, Spec. Ev.			
2R		Gov. In-kind/Capital Budget			
3R		Private In-kind			
4R		Total Contribution and In-kind			
5R		Mass Gov. Grant			
6R		Other Grant (excl. Fed. Direct)			
7R		Total Grants			
8R		Dept. of Mental Health (DMH)			
9R		Dept. of Developmental Services (DDS/DMR)			
10R		Dept. of Public Health (DPH)			
11R		Dept. of Children and Families (DCF/DSS)			
12R		Dept. of Transitional Assis (DTAWEL)			
13R		Dept. of Youth Services (DYS)			
14R		Health Care Fin. & Policy (HCF)/Contract			
15R		Health Care Fin. & Policy (HCF)/JUCP			
16R		MA. Comm. For the Blind (MCB)			
17R		MA. Comm. for Deaf & H (MCD)			
18R		MA. Rehabilitation Commission (MRC)			
19R		MA. Off. for Refugees & Immigr. (ORI)			
20R		Dept. of Early Educ. & Care (EEC)-Contract			
21R		Dept. of Early Educ. & Care (EEC)-Voucher			
22R		Dept. of Correction (DOC)			
23R		Dept. of Elementary & Secondary Educ. (DOE)			
24R		Parole Board (PAR)			
25R		Veteran's Services (VET)			
26R		Ex. Off. of Elder Affairs (ELD)			
27R		Div. of Housing & Community Develop(OCD)			
28R		POS Subcontract			
29R		Other Mass State Agency POS			
30R		Mass State Agency Non - POS			
31R		Mass. Local Govt/Quasi-Govt. Entities			
32R		Non-Mass. State/Local Government			
33R		Direct Federal Grants/Contracts			
34R		Medicaid - MBHP Subcontract			
35R		Medicaid - MBHP Subcontract			
36R		Medicare			
37R		Mass. Govt. Client Selpends			
38R		Client Resources			
39R		Mass. spon.client SF/3rd Ply offets			
40R		Other Publicly sponsored client offets			
41R		Private Client 3rd Ply(excluding 3rd Ply)			
42R		Private Client 3rd Ply/other offets			
43R		Total Assistance and Fees			
44R		Federated Fundraising			
45R		Commercial Activities			
46R		Non-Charitable Revenue			
47R		Investment Revenue			
48R		Other Revenue			
49R		Allocated Admin (MAG) Revenue			
50R		Released Net Assets-Program			
51R		Released Net Assets-Equipment			
52R		Released Net Assets-Time			
53R		Total Revenue = 57E			

UFR	Code	Description	Actual	Planned	% Var
1S		Contracted Direct Care Expense Detail			
2S		FEIN			
3S		Subcontracted Name			
4S		Subcontracted Name			
5S		Subcontracted Name			
6S		Subcontracted Name			
7S		Subcontracted Name			
8S		Subcontracted Name			
9S		Subcontracted Name			
10S		Subcontracted Name			
11S		Subcontracted Name			
12S		Subcontracted Name			
13S		Subcontracted Name			
14S		Subcontracted Name			
15S		Subcontracted Name			
16S		Subcontracted Name			
17S		Subcontracted Name			
18S		Subcontracted Name			
19S		Subcontracted Name			
20S		Subcontracted Name			
21S		Subcontracted Name			
22S		Subcontracted Name			
23S		Subcontracted Name			
24S		Subcontracted Name			
25S		Subcontracted Name			
26S		Subcontracted Name			
27S		Subcontracted Name			
28S		Subcontracted Name			
29S		Subcontracted Name			
30S		Subcontracted Name			
31S		Subcontracted Name			
32S		Subcontracted Name			
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34S		Subcontracted Name			
35S		Subcontracted Name			
36S		Subcontracted Name			
37S		Subcontracted Name			
38S		Subcontracted Name			
39S		Subcontracted Name			
40S		Subcontracted Name			
41S		Subcontracted Name			
42S		Subcontracted Name			
43S		Subcontracted Name			
44S		Subcontracted Name			
45S		Subcontracted Name			
46S		Subcontracted Name			
47S		Subcontracted Name			
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81S		Subcontracted Name			
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86S		Subcontracted Name			
87S		Subcontracted Name			
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89S		Subcontracted Name			
90S		Subcontracted Name			
91S		Subcontracted Name			
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98S		Subcontracted Name			
99S		Subcontracted Name			
100S		Subcontracted Name			

UFR	Code	Description	Actual	Planned	% Var
101S		Subcontracted Name			
102S		Subcontracted Name			
103S		Subcontracted Name			
104S		Subcontracted Name			
105S		Subcontracted Name			
106S		Subcontracted Name			
107S		Subcontracted Name			
108S		Subcontracted Name			
109S		Subcontracted Name			
110S		Subcontracted Name			
111S		Subcontracted Name			
112S		Subcontracted Name			
113S		Subcontracted Name			
114S		Subcontracted Name			
115S		Subcontracted Name			
116S		Subcontracted Name			
117S		Subcontracted Name			
118S		Subcontracted Name			
119S		Subcontracted Name			
120S		Subcontracted Name			
121S		Subcontracted Name			
122S		Subcontracted Name			
123S		Subcontracted Name			
124S		Subcontracted Name			
125S		Subcontracted Name			
126S		Subcontracted Name			
127S		Subcontracted Name			
128S		Subcontracted Name			
129S		Subcontracted Name			
130S		Subcontracted Name			
131S		Subcontracted Name			
132S		Subcontracted Name			
133S		Subcontracted Name			
134S		Subcontracted Name			
135S		Subcontracted Name			
136S		Subcontracted Name			
137S		Subcontracted Name			
138S		Subcontracted Name			
139S		Subcontracted Name			
140S		Subcontracted Name			
141S		Subcontracted Name			
142S		Subcontracted Name			
143S		Subcontracted Name			
144S		Subcontracted Name			
145S		Subcontracted Name			
146S		Subcontracted Name			
147S		Subcontracted Name			
148S		Subcontracted Name			
149S		Subcontracted Name			
150S		Subcontracted Name			
151S		Subcontracted Name			
152S		Subcontracted Name			
153S		Subcontracted Name			
154S		Subcontracted Name			
155S		Subcontracted Name			
156S		Subcontracted Name			
157S		Subcontracted Name			
158S		Subcontracted Name			
159S		Subcontracted Name			
160S		Subcontracted Name			
161S		Subcontracted Name			
162S		Subcontracted Name			
163S		Subcontracted Name			
164S		Subcontracted Name			
165S		Subcontracted Name			
166S		Subcontracted Name			
167S		Subcontracted Name			
168S		Subcontracted Name			
169S		Subcontracted Name			
170S		Subcontracted Name			
171S		Subcontracted Name			
172S		Subcontracted Name			
173S		Subcontracted Name			
174S		Subcontracted Name			
175S		Subcontracted Name			
176S		Subcontracted Name			
177S		Subcontracted Name			
178S		Subcontracted Name			
179S		Subcontracted Name			
180S		Subcontracted Name			
181S		Subcontracted Name			
182S		Subcontracted Name			
183S		Subcontracted Name			
184S		Subcontracted Name			
185S		Subcontracted Name			
186S		Subcontracted Name			
187S		Subcontracted Name			
188S		Subcontracted Name			
189S		Subcontracted Name			
190S		Subcontracted Name			
191S		Subcontracted Name			
192S		Subcontracted Name			
193S		Subcontracted Name			
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195S		Subcontracted Name			
196S		Subcontracted Name			
197S		Subcontracted Name			
198S		Subcontracted Name			
199S		Subcontracted Name			
200S		Subcontracted Name			

UFR Program Number: 56 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

*Program Type: 27 Program Address: 51 Union Street Worcester (City) MA (State) 01609 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 57 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 58 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 59 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 60 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 61 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 62 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 63 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 64 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 65 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 66 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 67 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 68 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 69 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 70 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 71 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 72 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 73 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 74 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 75 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 76 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 77 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 78 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 79 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 80 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 81 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 82 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 83 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 84 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 85 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 86 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 87 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 88 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 89 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 90 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 91 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 92 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 93 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 94 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 95 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 96 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

UFR Program Number: 97 Program Name: 51 Union Street Worcester (City) MA (State) 01609 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00

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* Program Type codes: 21 = SPED, 22 = HCFFP/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE

1R Contrib. Gifts, Leg. Bequests, Spec. Ev.

2R Gov. In-Kind/Capital Budget

3R Total In-Kind

4R Total Contribution and In-Kind

5R Mass Gov. Grant

6R Other Grant (excl. Fed Direct)

7R Total Grants

8R Dept. of Mental Health (DMH)

9R Dept. of Environmental Services (DES/DMR)

10R Dept. of Public Health (DPH)

11R Dept. of Children and Families (DC/FDSS)

12R Dept. of Youth Services (DYS)

13R Health Care Fin & Policy (HCF-P/Contract)

14R Health Care Fin & Policy (HCF-P/UCP)

15R MA Comm. For the Blind (MCB)

16R MA Comm. for Deaf & H/H (MCD)

17R MA Rehabilitation Commission (MRC)

18R MA Off. for Refugees & Immigr.(ORI)

19R Dept. of Early Educ. & Care (EEC)-Contract

20R Dept. of Early Educ. & Care (EEC)-Voucher

21R Dept. of Correction (DOC)

22R Dept. of Elementary & Secondary Educ. (DOE)

23R Parole Board (PAR)

24R Veteran's Services (VET)

25R Ex. Off. of Elder Affairs (ELD)

26R Div. of Housing & Community Develop(OCD)

27R POS Subcontract

28R Other Mass. State Agency POS

29R Mass. State Agency Non - POS

30R Mass. Local Govt/Quasi-Govt. Entities

31R Non-Mass. State/Local Government

32R Direct Federal Grants/Contracts

33R Medicaid - Direct Payments

34R Medicaid - MBHP Subcontract

35R Medicare

36R Mass. Govt. Client Stipends

37R Client Resources

38R Mass. spon client SF/3rd Ply offsets

39R Other Publicly sponsored client offsets

40R Private Client Fees (excluding 3d Ply)

41R Total Assistance and Fees

42R Federated Fundraising

43R Commercial Activities

44R Non-Charitable Revenue

45R Investment Revenue

46R Other Revenue

47R Allocated Admin (M&G) Revenue

48R Released Net Assets-Program

49R Released Net Assets-Equipment

50R Released Net Assets-Time

51R Total Revenue = 57E

52R

53R

1SDC

2SDC

3SDC

4SDC

5SDC

Comm. Of MA Surplus Rev. Retention Share

N/A

PREPARER COMMENTS:

1N Direct Employee Compensation & Related Exp.

2N Direct Occupancy

3N Direct Other Program/Operating

4N Direct Subcontract Expense

5N Direct Administrative Expense

6N Direct Other Expense

7N Direct Depreciation

8N Total Direct Non-Reimbursable (Tie to 54E)

9N Total Direct and Allocated Non-Reimb. (54E+55E)

10N Eligible Non-Reimbursable Exp. Revenue Offsets

11N Capital Budget Revenue Adjustment

12N Excess of Non-Reimbursable Expense Over Offsets

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

UNDUP # # service units delivered

ORGANIZATION: Ascentia Community Services, Inc.

PROGRAM NAME: DRIVE

PROGRAM ADDRESS: 595 Main Street

DESCRIPTION: West Springfield (City)

STATE: MA

FEIN: 043566243

FY END: 6/30/2016

UFR Program Number: 57

Program Type: 27

STAFFING # hours/yr = 1,000 FTE:

Employment Services

Catalog of Federal Domestic Assistance #: 93.576

operating hours/week (e.g., 40): 40.00

http://www.cfda.gov/default.htm

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.

Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE

Table with columns: Line Item, Description, FTE, Salary/Wage, % Var, Planned, Actual. Includes items 1R through 53R.

1R Cont'nls., Gills, Leg., Requests, Spec. Ev.

2R Gov. In-Kind/Capital Budget

3R Private In-Kind

4R Total Contribution and In-Kind

5R Mass Gov. Grant

6R Other Grant (excl. Fed. Direct)

7R Total Grants

8R Dept. of Mental Health (DMH)

9R Dept. of Developmental Services (DDS/DMR)

10R Dept. of Public Health (DPH)

11R Dept. of Children and Families (DCF/DSS)

12R Dept. of Transitional Assis. (DTAMMEL)

13R Dept. of Youth Services (DYS)

14R Health Care Fin. & Policy (HCF)-Contract

15R Health Care Fin. & Policy (HCF)-UCP

16R MA. Comm. For the Blind (MCB)

17R MA. Comm. for Deaf & H (MCD)

18R MA. Rehabilitation Commission (MRC)

19R MA. Off. for Refugees & Immigr. (ORI)

20R Dept. of Early Educ. & Care (EEC)-Contract

21R Dept. of Early Educ. & Care (EEC)-Voucher

22R Dept. of Correction (DOC)

23R Dept. of Elementary & Secondary Educ. (DOE)

24R Parole Board (PAR)

25R Veteran's Services (VET)

26R Ex. Off. of Elder Affairs (ELD)

27R Div. of Housing & Community Developm(OCD)

28R POS Subcontract

29R Other Mass. State Agency POS

30R Mass. Local Govt./Quasi-Govt. Entities

31R Mass. Local Govt./Quasi-Govt. Entities

32R Non-Mass. State/Local Government

33R Direct Federal Grants/Contracts

34R Medicaid - Direct Payments

35R Medicaid - MBHP Subcontract

36R Medicare

37R Mass. Govt. Client Stipends

38R Client Resources

39R Mass. spon-client SF/3rd Pty offsite

40R Other Publicly sponsored client offsite

41R Private Client Fees (excluding 3rd Pty)

42R Private Client 3rd Pty/other offsite

43R Total Assistance and Fees

44R Federated Fundraising

45R Commercial Activities

46R Non-Charitable Revenue

47R Investment Revenue

48R Other Revenue

49R Allocated Admin (M&G) Revenue

50R Released Net Assets-Program

51R Released Net Assets-Equipment

52R Released Net Assets-Time

53R Total Revenue = 57E

1SDC SUBCONTRACTED DIRECT CARE EXPENSE DETAIL

2SDC Subcontractor Name FEIN Expense Amt.

3SDC

4SDC

5SDC

Comm. Of MA Surplus Rev. Retention Share

PREPARER COMMENTS:

NON-REIMBURSABLE EXPENSE DETAIL

1N Direct Employee Compensation & Related Exp.

2N Direct Occupancy

3N Direct Other Program/Operating

4N Direct Subcontract Expense

5N Direct Administrative Expense

6N Direct Other Expense

7N Direct Depreciation

8N Total Direct Non-Reimbursable (Tie to 54E)

9N Total Direct and Allocated Non-Reimb. (54E-55E)

10N Eligible Non-Reimbursable Exp. Revenue Offsets

11N Capital Budget Revenue Adjustment

12N Excess of Non-Reimbursable Expense Over Offsets

REVENUE OFFSETS

13R Excess of Non-Reimbursable Expense over Eligible Revenue Offsets

14R Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

**ASCENTRIA COMMUNITY SERVICES, INC.
SUPPLEMENTAL SCHEDULES (UNAUDITED)
YEAR ENDED JUNE 30, 2016**

SCHEDULE A AND B PROGRAM SUPPLEMENTAL INFORMATION

Other Professional Fees and Other Administrative Expenses

Schedule A OSI: line 42E

Accounting and Management Services	\$ 2,091,204
Program Legal Fees	49,065
Fundraising Costs	10,329
Professional Fees	41,209
Miscellaneous Fees	21,155
Total	<u>\$ 2,212,962</u>

Other Revenue

Schedule A OSI: line 48R

Miscellaneous Fee Income	<u>\$ 282,562</u>
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Non-Reimbursable Expense

Non-Massachusetts Program Expenses	\$ 18,520,851
Non-Massachusetts Administrative Expenses	3,887,787
Other Non-Reimbursable Expenses	18,193
Total	<u>\$ 22,426,831</u>



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CliftonLarsonAllen LLP
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**INDEPENDENT AUDITORS' 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**

Board of Directors
Ascentria Community Services, Inc. and Subsidiary
Worcester, Massachusetts

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 Ascentria Community Services, Inc. and Subsidiary, which comprise the consolidated statement of financial position as of June 30, 2016, and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated December 15, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Ascentria Community Services, Inc. and Subsidiary'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 financial statements, but not for the purpose of expressing an opinion on the effectiveness of Ascentria Community Services, Inc. and Subsidiary's internal control. Accordingly, we do not express an opinion on the effectiveness of Ascentria Community Services, Inc. and Subsidiary'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 entity's consolidated 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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. 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 Ascentria Community Services, Inc. and Subsidiary'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

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



CliftonLarsonAllen LLP

Boston, Massachusetts
December 15, 2016



CliftonLarsonAllen

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**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH
MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL
CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Directors
Ascentria Community Services, Inc. and Subsidiary
Worcester, Massachusetts

Report on Compliance for Each Major Federal Program

We have audited Ascentria Community Services, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Ascentria Community Services, Inc.'s major federal programs for the year ended June 30, 2016. Ascentria Community Services, 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 federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Ascentria Community Services, 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 the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance 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 Ascentria Community Services, 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 Ascentria Community Services, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Ascentria Community Services, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2016.

Report on Internal Control Over Compliance

Management of Ascentria Community Services, 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 Ascentria Community Services, 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 the Uniform Guidance, 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 Ascentria Community Services, 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 might be material weaknesses or significant deficiencies. We did not identify deficiencies in internal control over compliance that we consider to be a material weakness. However, material weaknesses may exist that have not been identified.

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



CliftonLarsonAllen LLP

Boston, Massachusetts
December 15, 2016

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED JUNE 30, 2016**

Section I – Summary of Auditors' Results

Financial Statements

1. Type of auditors' report issued: Unmodified
2. Internal control over financial reporting:
- Material weakness(es) identified? _____ yes x no
 - Significant deficiency(ies) identified? _____ yes x none reported
3. Noncompliance material to financial statements noted? _____ yes x no

Federal Awards

1. Internal control over major federal programs:
- Material weakness(es) identified? _____ yes x no
 - Significant deficiency(ies) identified? _____ yes x none reported
2. Type of auditors' report issued on compliance for major federal programs: Unmodified
3. Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? _____ yes x no

Identification of Major Federal Programs

19.510 Refugee Resettlement

Dollar threshold used to distinguish between Type A and Type B programs: \$ 750,000

Auditee qualified as low-risk auditee? x yes _____ no

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
YEAR ENDED JUNE 30, 2016**

Section II – Financial Statement Findings

Our audit did not disclose any matters required to be reported in accordance with *Government Auditing Standards*.

Section III – Findings and Questioned Costs – Major Federal Programs

Our audit did not disclose any matters required to be reported in accordance with 2 CFR 200.516(a).

Section IV – Prior Year Major Federal Program Findings

There were no findings in the prior year that were required to be reported.

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
BOARD ACKNOWLEDGEMENT
JUNE 30, 2016**

We, the Board of Directors* of Ascentria Community Services, Inc. and Subsidiary, met and have voted to recognize and accept the representations of management and the expression of opinions by CliftonLarsonAllen LLP as embodied in the Basic Financial Statements, Supplementary and Subsidiary Financial Statements and Schedules and Independent Auditor's Reports contained in the Uniform Financial Statements and Independent Auditor's Report (UFR) for the period ended June 30, 2016.

In addition, we, the Board of Directors* of Ascentria Community Services, Inc. and Subsidiary, hereby certify under penalty of perjury that to the best of the members of the board of directors' knowledge, all material related party relationships and transactions, as defined by 808 CMR 1.02 and generally accepted government auditing standards, and other representations made by management are accurate and have been correctly and completely disclosed as required in the notes to the financial statements and schedules of the UFR for the year ended June 30, 2016.

Signatory for Board of Directors

Title:

Date: _____

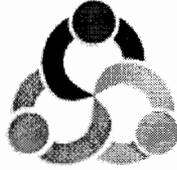
* The board of directors may vote to authorize a subcommittee of the board of directors such as the audit committee or the finance to perform the above noted acknowledgments and oversight responsibilities on its behalf. Members of management may not participate in any of the above noted board of director's acknowledgments and oversight responsibilities.

UFR Filing Instructions

Please sign one copy of the Uniform Financial Statements and the Audit Services Checklist where indicated. The final version of the financial statement will be transmitted via the internet to the Operational Services Division.

DUE DECEMBER 31, 2016

The remaining copies are for your files.



Ascentria
CARE ALLIANCE

Ascentria Community Services, Inc.
Board of Directors
2016 - 2017

William Mayo, Chair

Michael Balinskas, Vice Chair

Jeff Kinney

Garth Greimann

Karen Gaylin

Angela Bovill

Corporate Officers:

President	Angela Bovill
Treasurer	Nick Russo
Executive VP	Lisa Cohen
Executive VP	Dana Ramish
Executive VP	Tim Johnstone
Clerk	Elena Garcias-Ketnouvong

Career Aim

To pursue a career and make valuable contributions in the social work profession by effectively utilizing my maturity, life experiences, competencies and subject knowledge, which I have acquired from educational institutions, various workplaces, and additional trainings. I hope to achieve this by empowering families and communities at large.

Strengths

I can work under minimum supervision, have excellent communication and networking skills, adapt easily to new environments and handle electronic devices well. I am committed to good ethical practice and team work and am fluent in several European and African languages. This has left me confident in leading negotiations that require the reconciliation of different national approaches to otherwise common problems.

Ascentria Care Alliance

Case Worker, Services for New Americans: February 22, 2016 to Date

Case management and Family mentorship

Ministry of Health, Otjiwarongo, Namibia

Community Counselor: January 2009 – January 2014

HIV/HCV counseling and testing

Community mobilization/outreach in HIV prevention, SRH education, and teenage pregnancy prevention

Peer educator in HIV/AIDS/SRH, substance abuse

Established workplace program training on HIV/AIDS prevention and SRH issues

Ministry of Health, Osire Refugee Camp, Otjiwarongo, Namibia

Life-Style Ambassador Team Leader, January 2009 – January 2014

Peer educator within the youth groups; focused on SRH issues, substance abuse, and teenage pregnancy

Made referrals for those needing additional information/services regarding sexual reproductive health issues

Education

Ministry of Health/Chris J. Consultant: Certificate in Community Counseling and HIV/AIDS Prevention

Paresis Secondary School: Diploma

Languages (Fluent):

English, French, Portuguese, Swahili, Kinyarwanda, Kirundi

Jaya Sharma

Objective

To secure a position that utilizes my interpersonal, organizational, and time management and to further my career at Ascentria Care Alliance

Resettlement Coordinator at Ascentria Care Alliance, Concord NH **Nov, 2013-Current**

- Help refugees resettle in their new home providing necessary services and daily case management.
- Refer clients to services in accordance with the Cooperative Agreement and Matching Grant Program guidelines.
- Develop resettlement plans for clients and monitored implementation.
- Provide crisis intervention, counseling, and mediation and negotiation services in an acute need for refugee communities.
- Educate and counsel refugees on issues related to their resettlement needs including medical, employment, family reunion and financial stability.

Direct Support Provides (DSP) at Easter Seals, Bow NH **December 2011 - Current**

- Mentored new DSP's entering into the forensic program on protocols and paperwork
- Interviewed potential DSP candidates for the forensic program
- Supported service recipients with high risk behavior in the forensic program
- Completed paperwork in established deadlines 100% of the time

Direct Support Associate (DSA) at Community Bridges – Concord NH **August 2010 – Feb. 2013**

- Provided input program manager and assistant manager to make effective and thought out changes to the program
- Supported service recipient develop basic living skills through empowerment and encouragement
- Maintained open communications and cooperative work efforts with lead DSP and co-workers to assure quality support to individuals

Direct Support Professional at Ascentria Disability Services – Concord NH **Nov 2011 – March 2012**

- Encouraged and motivated individual supported to acquire and/or enhance skills needed for independent living
- Promoted recovery based strategies with individuals to assist in reaching their identified goals
- Supported and facilitated team based efforts to ensure quality and consistent care with in all programs

Sales Associate at Wal-Mart – Hooksett NH **Aug 2009 – Nov 2011**

- Assisted customers with sales decision, and a variety of other requests
- Fully participated in management meetings to develop new strategies for quality customer service, and improved marketing
- Awarded Associate of the Month for March 2011

Education

Bachelors of Arts (BA) Springfield College, Boston, Massachusetts	2015-2017
General Studies/prerequisites for Registered Nursing New Hampshire Technical Institute, Concord NH	2013-2015
Bachelor of Science (BSc.) Tribhuvan University (Mechi Campus), Mechi, Nepal	2005-2007

Professional
Activities

- DSP Certificate Program – NHTI/Community Bridges
- DSP Interview Team – Community Bridges
- DSP Resource Team – Community Bridges
- College of Direct Support – Easter Seals

References are available upon request

Shirley Woodward, JD, MPH

EXPERIENCE

Ascentria Care Alliance. Concord, NH.

Program Manager, Services for New Americans

November 2013-present

- Oversee refugee resettlement services including casework, employment, cultural orientation, English Language classes, education, volunteer support and community outreach.
- Supervise 15-person team; responsible for workflow, training and personnel issues.
- Represent the organization and advocate for refugees in external meetings.

U.S. Department of State. Washington, DC.

Program Officer, Population, Refugees, and Migration

September 2010-November 2013

Presidential Management Fellow

September 2008-September 2010

- Responsible for \$260 million in humanitarian assistance for displaced Iraqis with team.
- Reviewed proposals, provide technical input, and negotiate objectives, indicators and budget with international organizations and NGOs.
- Wrote strategy documents, talking points and other reports on Iraqi displacement, returns and reintegration.
- Conducted field visits to monitor and evaluate programs and set programmatic and policy priorities.
- Liaised with advocacy groups, NGOs, United Nations agencies and U.S. government agencies.
- Reported on displacement and human rights during 4 month detail at Embassy Colombo, Sri Lanka.
- Researched United Nations (UN) legal issues including women, peace and security, due process in sanctions regimes, peacekeeping missions, commissions of inquiry and the role of regional organizations within the UN system during 3 month detail to the Office of the Legal Advisor.

United Nations High Commissioner for Refugees. Nairobi, Kenya.

Resettlement Intern

May-July 2007

- Performed legal research, analysis, and writing for refugee resettlement claims.

International Rescue Committee. North and South Kivu, Democratic Republic of Congo.

Gender-based Violence (GBV) Umbrella Grant Program Coordinator

February-July 2005

- Oversaw selection of Congolese community organizations for financial and technical support through a competitive call-for-proposals process.
- Provided formal and on-site training for community organizations on provision of quality GBV services, and organizational and financial management.

Save the Children/UK. Darfur, Sudan.

Gender-based Violence (GBV) Advisor

November-December 2004

- Led integration of GBV prevention and response into Protection and Health programs in camps.

American Refugee Committee. Sierra Leone and Guinea, West Africa.

Gender-based Violence (GBV) Study Coordinator, Sierra Leone

September-October 2004

- Coordinated follow-up study on GBV survivors who repatriated from Guinea to Sierra Leone.
- Developed questionnaire, recruited and trained surveyors, oversaw data collection, analyzed data and wrote report on results and program recommendations for improved protection during repatriation.

Gender-based Violence (GBV) Program Coordinator, Guinea *July 2002-June 2004*

- Managed support, follow-up and referrals for GBV survivors and sex workers in 3 refugee camps.
- Oversaw provision of psychosocial counseling, healthcare, and vocational training for survivors.
- Organized trainings and awareness campaigns on GBV and sexual exploitation for security forces, health care personnel, NGO workers, local leaders and camp community members.
- Conducted baseline survey on legal aspects of GBV in camps in preparation for a Legal Clinic for refugee women. Designed questionnaire, supervised data collection, analyzed data, wrote report.
- Coordinated with camp committee, local authorities, NGOs and the United Nations.
- Recruited, hired, trained and supervised team of 50 national and refugee staff.

U.S. Peace Corps. Guinea, West Africa.

Health/Community Development Volunteer

June 1997-August 1999

- Partnered with community on health education, construction of springs and girls' leadership initiatives.

EDUCATION AND PROFESSIONAL AFFILIATION

Washington College of Law. American University. Washington, DC.

JD *magna cum laude*, Order of the Coif, May 2008.

- *Public Interest/Public Service Scholar.* A three-year, full-tuition scholarship granted on the basis of academic excellence and dedication to public service.
- *American University Law Review*, Senior Staff Member.

Bloomberg School of Public Health. Johns Hopkins University. Baltimore, MD.

MPH, May 2002.

Brown University. Providence, RI.

AB with honors in Public Policy. May 1997.

- \$2,500 Krieger Prize for outstanding senior thesis on a Latino community health worker program.

Admitted to the Bar of the Commonwealth of Massachusetts

LANGUAGE

Proficient in French.

PUBLICATIONS

Woodward, Shirley. *Safe Passage. Repatriation and Reintegration: A follow-up study on Guinea ARC/CSI beneficiaries who repatriated to Sierra Leone.* Sierra Leone. American Refugee Committee (ARC), Stat View International (SVI) and Bureau for Population, Refugees, and Migration (PRM). November, 2004.

Woodward, Shirley. *ARC Community Safety Initiative Gender-based Violence Program in Guinea, West Africa: A Manual.* American Refugee Committee. August, 2004.

Woodward, Shirley, Dia, Seynabou, Barry, Aliou. *Legal Aspects of Violence against Refugee Women in Kissidougou Town and Albadaria camps: A KAP survey.* Guinea. American Refugee Committee (ARC), Stat View International (SVI) and Bureau for Population, Refugees, and Migration (PRM). March, 2004.

KEY ADMINISTRATIVE PERSONNEL
NH Department of Health and Human Services

Contractor Name: Ascentria Community Services, Inc.
Name of Contract: NH Refugee Health Promotion Program, RFP-2018-OHE-02-REFUG-01

BUDGET PERIOD:		SFY 18 (9/1/2017 - 6/30/2018)		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
James Ahorukomeye	Caseworker	\$27,826	20.00%	\$5,565
Jay Sharma	Resettlement Coordinator	\$35,652	20.00%	\$7,130
Shirley Woodward	Program Manager	\$45,217	5.00%	\$2,261
		\$0	0.00%	\$0
		\$0	0.00%	\$0
		\$0	0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$14,957

BUDGET PERIOD:		SFY 19 (7/1/2018 - 6/30/2019)		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
James Ahorukomeye	Caseworker	\$32,000	20.00%	\$6,400.00
Jay Sharma	Resettlement Coordinator	\$41,000	20.00%	\$8,200.00
Shirley Woodward	Program Manager	\$52,000	5.00%	\$2,600.00
		\$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)				\$17,200.00

BUDGET PERIOD:		SFY 20 (7/1/2019 - 6/30/2020)		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
James Ahorukomeye	Caseworker	\$32,000	20.00%	\$6,400
Jay Sharma	Resettlement Coordinator	\$41,000	20.00%	\$8,200
Shirley Woodward	Program Manager	\$52,000	5.00%	\$2,600
		\$0	0.00%	\$0
		\$0	0.00%	\$0
		\$0	0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$17,200

BUDGET PERIOD:		SFY 21 (7/1/2020 - 8/14/2020)		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
James Ahorukomeye	Caseworker	\$4,174	20.00%	\$835
Jay Sharma	Resettlement Coordinator	\$5,348	20.00%	\$1,070
Shirley Woodward	Program Manager	\$6,783	5.00%	\$339
		\$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)				\$2,243

Subject: RFP-2018-OHE-02-REFUG-02

New Hampshire Refugee Health Promotion Program

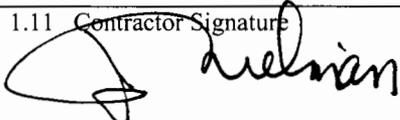
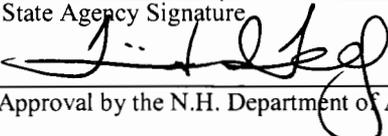
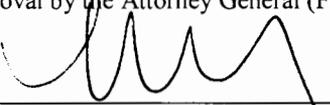
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name International Institute of New England		1.4 Contractor Address 2 Boylston Street, 3 rd Floor Boston, MA 02116	
1.5 Contractor Phone Number 617-695-9990	1.6 Account Number 05-95-42-4220-79220000-102-500731	1.7 Completion Date August 14, 2020	1.8 Price Limitation 112,500
1.9 Contracting Officer for State Agency E. Maria Reinemann, Esq. Director of Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9330	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jeffrey Thielman, President and CEO	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>Suffolk</u> On <u>12.1.17</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 		Rita M. McDonough	
1.13.2 Name and Title of Notary or Justice of the Peace Rita M. McDonough, CFO			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Trinidad Telles, Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>Megan A. Job - Attorney 12/7/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 (“Effective Date”).

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 (“Equal Employment Opportunity”), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor’s books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

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

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

2. Scope of Services

Under this contract, International Institute of New England, Inc., will promote the health and wellbeing of refugees resettled in New Hampshire, by providing services and activities that (1) promote the health literacy of refugees; (2) reduce gaps in health services to ensure that refugees obtain medical and mental health services beyond the initial health screening, including access to culturally and linguistically appropriate care, and affordable health insurance. This Agreement consists of the following documents: Exhibits A, B, C, C1, D, E, F, G, H, I, J and K which are all incorporated herein by reference as if fully set forth herein.

The Contractor shall perform the following services each year of the contract, which include, but are not limited to the following:

- 2.1. Designate a case manager to provide medical (including mental health) case management services to ensure all vulnerable refugees obtain health care to address complex health needs beyond the initial health exam, and affordable health insurance. Case management services shall include, but are not limited to: scheduling, coordinating, and accompanying clients to medical appointments; providing and/or facilitating the provision of transportation to and from the appointments; ensuring appropriate interpretation at the appointments; and assisting refugees with regard to obtaining affordable health insurance. Maintain documentation of the following:
 - 2.1.1. Overall number of refugees resettled in the reporting period;
 - 2.1.2. Number of initial domestic health examinations completed within 30, 60 and 90 days;



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- 2.1.3. Number of refugees receiving medical case management services to address complex health conditions beyond the initial domestic health examination;
 - 2.1.4. The demographics of the refugees served, including gender, age, primary language, and country fled;
 - 2.1.5. Number of refugees referred for follow-up services related to Dental Issues, Emergency Issues (ER), Tuberculosis, HIV, Mental Health, Infectious Disease, Physical Therapy, Prenatal Care, Hearing Issues, Vision Issues, and other conditions identified by the NH State Refugee Health Coordinator;
 - 2.1.6. Number of refugees assisted in obtaining affordable health insurance – both upon arrival, and at the time of transition off Refugee Medical Assistance.
- 2.2. Provide a thorough orientation to the U.S. Health Care system to all newly-arrived adult refugees – expanding on and reinforcing the health-related information provided in the Cultural Orientation – with an emphasis on the knowledge and skills refugees need to access and navigate the U.S. Health Care system independently. Health orientation topics shall include but not be limited to the following core components:
- 2.2.1. Types of Healthcare Providers and their roles (including primary care providers, specialists, and pharmacists);
 - 2.2.2. Medical Appointments, including making, keeping and cancelling appointments and what to bring to an appointment;
 - 2.2.3. Transportation options for medical appointments, including public transportation training and Medicaid transportation;
 - 2.2.4. Types of Health Care, including preventive, urgent and emergency care, and when, where and how to access each type;
 - 2.2.5. Medication, including the difference between prescriptions and over-the-counter medications, refills, dosage instructions and side-effects;
 - 2.2.6. Privacy and Consent Laws;
 - 2.2.7. The Right to Language Assistance in the Health Care Setting and the Role of Interpreters;
 - 2.2.8. Mental/Behavioral Health Care services in the U.S., including treatment for substance use disorders, and when, where and how to access services;
 - 2.2.9. Health insurance; and
 - 2.2.10. Adapt the health orientation curriculum, as appropriate, to accommodate the needs of new populations. Maintain documentation of the following:
 - 2.2.10.1. The number of refugees participating in the health orientation within six (6) months of arrival;
 - 2.2.10.2. The components completed.



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- 2.3. Provide group health orientations and individual health orientations, as needed, including one home visit, to reinforce and clarify the information presented in the group setting, and to address unique issues and concerns.
 - 2.4. Identify the primary health issues of concern in each of the various refugee communities.
 - 2.5. Facilitate the provision of at least six (6) health education classes to refugees on a variety of topics related to health and healthcare in the United States, including, but not limited to:
 - 2.5.1. Health insurance (terms, coverage requirements, options and the enrollment process);
 - 2.5.2. Disability (including autism);
 - 2.5.3. Women's health, (including domestic violence and reproductive health);
 - 2.5.4. Emotional Wellness;
 - 2.5.5. Lesbian, Gay, Bisexual and Transgender (LGBT) health;
 - 2.5.6. Oral health and hygiene; and
 - 2.5.7. Vision health;
 - 2.5.8. Provide health education on additional topics, as needed, based upon the identified health needs of the various refugee communities. Maintain documentation of the following:
 - 2.5.8.1. The number of refugees participating in each health education class;
 - 2.5.8.2. The topic of each class.
 - 2.6. Provide interpretation and translated materials to support the health orientations and education classes.
 - 2.7. Provide outreach and education - in collaboration with the Office of Health Equity - to health (including mental health) providers in the refugee resettlement network about refugee health needs and culture, continued adherence to the CDC Refugee Health Guidelines for the initial domestic medical examination, and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and healthcare.
 - 2.8. Develop and foster relationships with health (including mental health) providers outside the refugee resettlement network; provide education about refugee health needs and culture, barriers to care, the CDC Refugee Health Guidelines, and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and healthcare.
 - 2.9. Provide cultural background information to refugee health providers about any new refugee populations.



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- 2.10. Participate in National Alliance on Mental Illness (NAMI), Mental Health First Aid, and/or other similar trainings, as a means of preventing suicide and promoting emotional wellbeing in the refugee communities.
 - 2.11. Support and/or assist with the provision of nonclinical interventions to promote refugee mental wellness, such as community adjustment support groups.
 - 2.12. Support and/or assist with the regular, periodic screening of refugees for emotional distress using the Refugee Health Screener 15 (RHS-15) and/or another validated instrument; communicate results to primary care providers; facilitate referrals to behavioral health providers, as needed.
 - 2.13. Participate in trainings in order to understand health insurance coverage and enrollment requirements on both the state and federal level.
 - 2.14. Inform, coordinate and/or assist with efforts to coordinate community resources for the provision of health care services (such as dental care) that are not covered by Refugee Medical Assistance or other funding sources.
 - 2.15. Schedule the first dental appointment for all refugee children within six (6) months of arrival.

3. Staffing

- 3.1. The contractor will provide adequate staff assigned to this program, either in-house or through subcontracts. Any sub-contracted staff must be identified as such by the contractor.
- 3.2. OHE reserves the right, with thirty (30) days advance notice, to disallow subcontractor use when the subcontractor's handling of staffing concerns is not satisfactory to OHE.
- 3.3. OHE reserves the right to remove any contracted employee from the program for unsatisfactory services.

4. Reporting

- 4.1. Submit two (2) semi-annual reports and a final program report, as prescribed by the grantor, the federal Office of Refugee Resettlement, to the New Hampshire Office of Health Equity.
- 4.2. The Contractor's assigned staff will track data on a monthly basis.
 - 4.2.1. The Program manager will roll up monthly data into overall project reporting for OHE.

5. Work Plan

- 5.1. The population to be served by the Contractor will include all of New Hampshire, including but not limited to, refugees who have a myriad of medical and behavioral health needs, those resettled through the program and Special Immigrant Visa holders, those who have experienced prolonged periods in refugee camps, urban



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- transit centers, addiction, violence, asylees, victims of human trafficking, secondary migrants, trauma and loss that impact physical and mental health.
- 5.2. The Contractor will promote health literacy, ensure timely access to culturally and linguistically appropriate health and mental healthcare, and access to affordable health insurance.
 - 5.3. The Contractor will provide:
 - 5.3.1. Health orientation and advanced health education
 - 5.3.2. Educational services;
 - 5.3.3. Interpreter services;
 - 5.3.4. Emergency assistance;
 - 5.3.5. Connection to and navigation of mainstream and/or specialized health and social service providers for ongoing care and treatment
 - 5.3.6. Ensure timely access to culturally and linguistically appropriate health and mental healthcare;
 - 5.3.7. Ensure access to affordable health insurance.
 - 5.3.8. Case management.
 - 5.4. The Contractor will focus on the resettlement communities of Manchester, Nashua and the surrounding communities.
 - 5.5. The Contractor will provide newly arriving refugees with advanced medical case management and intensive orientation and training on the US Healthcare System and support those individuals with advanced medical needs after the initial 90-day resettlement period by facilitating connection to and navigation of mainstream and/or specialized health and social service providers or ongoing care and treatment. The program will focus on supporting:
 - 5.5.1. Extended cultural orientation training on health related topics; and
 - 5.5.2. Intensive medical case management for cases with complex health (including mental health) needs..
 - 5.6. The Contractor will help newly arrived refugees in overcoming common challenges which include, but are not limited to:
 - 5.6.1. Accessing and navigating the US Healthcare System;
 - 5.6.2. Applying for and maintaining public benefits and obtaining necessary documentation;
 - 5.6.3. Transportation services;
 - 5.6.4. Supporting the maintenance of personal and family health in a new environment; and



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- 5.6.5. Provide the foundational knowledge regarding health and healthcare.
- 5.7. The Contractor will provide intensive post-resettlement medical case management to individuals with high need, medical or mental health illnesses that require managed assistance and direct engagement by a medical case specialist.
- 5.8. The Contractor will create individual service plans for each client receiving intensive medical case management that are based on Specific, Measurable, Assignable, Realistic, and Time-Related (SMART) goals and will be tracked through weekly Client Focused Meetings and summarized in monthly check-ins with the medical establishments and respective community service programs.
- 5.8.1. The Contractor will connect with other community service programs to address urgent needs;
- 5.8.2. The Contractor will document courses of action in the individual service plans.
- 5.9. The Contractor collaborates with a number of area health, youth, workforce development, and other service providers to develop robust referral networks in each community to meet the diverse needs of the client population.
- 5.10. The Contractor will provide refugee clients with a continuum of services which shall include, but not be limited to:
- 5.10.1. Resettlement;
- 5.10.2. Community and cultural orientation;
- 5.10.3. Barrier-reducing case management;
- 5.10.4. English language support;
- 5.10.5. Assist with locating employment within 120 to 180 days after arrival;
- 5.10.6. After-school programs and homework assistance to refugee children enrolled in school.
- 5.10.7. ESOL classes and vocational education services;
- 5.10.8. Create resumes and network with local employers to secure job placements;
- 5.10.9. Hold mock interviews;
- 5.10.10. Post-employment services;
- 5.10.11. Healthcare liaison services; and
- 5.10.12. Extended family and youth engagement.
- 5.11. The Contractor will have the following staff:
- 5.11.1. One (1) Medical (including mental health) Case Manager.
- 5.12. The Contractor will provide the following refugee health education:



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- 5.12.1. Navigating the Healthcare System and Making Appointments. One (1) to two (2) hour interactive training with interpretation covering:
- 5.12.1.1. Reflection on healthcare in the home/host country;
 - 5.12.1.2. Discussion of individual's role in maintaining personal and family health;
 - 5.12.1.3. Overview of the US Healthcare System
 - 5.12.1.4. Types of healthcare providers; and
 - 5.12.1.5. Scheduling, adjusting, and cancelling medical appointments with roll play.
- 5.12.2. Self-efficacy At the Appointment. One (1) to two (2) hour interactive training with interpretation covering:
- 5.12.2.1. Rights, requesting, and using an interpreter;
 - 5.12.2.2. How to speak with the nurse/doctor about your health;
 - 5.12.2.3. Rights to privacy and what is consent;
 - 5.12.2.4. Navigating health insurance.
- 5.12.3. Understanding First Aid and Medicine. Two (2) hour interactive training with interpretation covering:
- 5.12.3.1. Use of the home First Aid Kit (kit provided);
 - 5.12.3.2. Determining medical emergencies;
 - 5.12.3.3. Taking prescription medication;
 - 5.12.3.4. Filling prescriptions and planning ahead.
- 5.12.4. Post-resettlement Adjustment and Wellbeing. Two (2) hour interactive training with interpretation covering:
- 5.12.4.1. Discussion on what's new and different so far in American life;
 - 5.12.4.2. Discussion on emotions;
 - 5.12.4.3. Talking about wellbeing and coping strategies, treating the self as well as the body;
 - 5.12.4.4. What is substance abuse;
 - 5.12.4.5. How to ask for help for the body and the self;
 - 5.12.4.6. Where to get help in the community.
- 5.12.5. Office of Health and Equity Classes. Six (6) bi-monthly classes per year in partnership with the Office of Health and Equity with appropriate interpretation. Three (3) of which will be open to all populations. Three (3) of which will be targeted towards specific populations, for example refugee women.
- 5.12.6. Home Health Visits. Each new family will have one (1) home visit dedicated to assessing retention and use of health orientation knowledge and reinforcing key concepts in the home.
- 5.12.7. Healthcare community education and outreach. The Contractor will work collaboratively with partners to:



-
- 5.12.7.1. Engage in Refugee 101 trainings for new or potential providers in the Healthcare community;
 - 5.12.7.2. Provide cultural background information and advanced training to current Healthcare partners as new populations or challenges are presented;
 - 5.12.7.3. Maintain regular meetings with key Healthcare partners.
- 5.12.8. Staff participation in training programs. The Contractor's staff will engage in Healthcare related training on various topics to benefit the delivery of services and training to refugee populations.
- 5.13. The Contractor will provide the following Intensive Case Management services:
- 5.13.1. Refer non-critical refugee cases for follow-up medical care. The Medical Case Specialist will make referral information readily available to support refugees with non-critical medical case follow-up;
 - 5.13.2. Facilitate and manage critical refugee health cases for continued support.
 - 5.13.2.1. The Medical Case Specialist will facilitate the continuation of care.
 - 5.13.3. Engage primary care providers to support refugees with RHS-15 and/or another validated mental health screening instrument.
 - 5.13.3.1. The Contractor's staff will assist in identifying and connecting refugees with primary care providers to participate in the RHS-15.

6. Definitions

- 6.1. Department – NH Department of Health and Human Services
- 6.2. SNA – Services for New Americans
- 6.3. LGBT – Lesbian, Gay, Bisexual and Transgender
- 6.4. ER – Emergency Issues
- 6.5. CDC – Centers for Disease Control and Prevention
- 6.6. RMA – Refugee Medical Assistance
- 6.7. CLAS – Culturally and Linguistically Appropriate Services
- 6.8. NAMI – National Alliance on Mental Illness
- 6.9. SMART – Specific, Measurable, Assignable, Realistic, and Time-Related
- 6.10. ESOL – English Speakers of Other Languages
- 6.11. FTE – Full-Time Equivalent
- 6.12. OHE – Office of Health Equity
- 6.13. ORR – Office of Refugee Resettlement
- 6.14. RHPP – Refugee Health Promotion Program



6.15. RAC – Refugee Advisory Committee

7. Performance Measures

- 7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly to measure the effectiveness of the agreement:
- 7.1.1. Project period, September 1, 2017 through August 14, 2020:
- 7.1.1.1. All health-related orientations and workshops/trainings will be provided on a monthly and/or otherwise conveniently scheduled basis throughout the project period ;
 - 7.1.1.2. Newly arrived refugees and those who have been in the United States two (2) years or less will be prioritized;
 - 7.1.1.3. Written materials/resources will be identified and prioritized for translation. If new written materials are produced throughout the project, the Contractor will identify and prioritize for translation. Interpretation services will be coordinated consistently and regularly throughout the project period;
 - 7.1.1.4. All health and mental health-related referrals, scheduling of appointments, case management, and coordination of ancillary services such as transportation and interpretation will be provided on an ongoing basis throughout the project period. Those refugees with acute or chronic conditions will be further prioritized;
 - 7.1.1.5. Advocating on behalf of refugees and helping to educate and orient healthcare providers to the National CLAS standards, refugee populations, etc. will be delivered on an ongoing basis through the project period. Development of relationships and linkages with providers outside of the refugee resettlement network will also be conducted on an ongoing basis;
 - 7.1.1.6. Manchester and Nashua communities will be targeted;
 - 7.1.1.7. Outreach, education, and training regarding affordable healthcare and assistance with accessing, navigating, and enrolling in health insurance will be provided to refugees at various stages of their resettlement throughout the project period. Assistance with determining options will be based on the point in time of the resettlement process;
 - 7.1.1.8. All required reporting will be completed on a trimester basis to the State Refugee Health Coordinator as well as at in-person meetings and on a semi-annual basis and submitted to OHE.
- 7.2. The Contractor will work collaboratively with OHE and other key stakeholders to adapt any performance targets if necessary.
- 7.3. The Contractor's planning and evaluation for RHPP will include the following:



-
- 7.3.1. Develop and collect linguistically-appropriate surveys/questionnaires that are built into health sessions and trainings;
 - 7.3.2. Track the following:
 - 7.3.2.1. Number of referrals made;
 - 7.3.2.2. Number of training sessions and participants;
 - 7.3.2.3. Number of consultations or point of contact with providers; and,
 - 7.3.2.4. Number of meetings and training sessions;
 - 7.3.3. Feedback with health service providers to learn how the coordination is working and make adjustments as necessary; and,
 - 7.3.4. Internal feedback with staff, particularly case managers (and other case management specialists) to evaluate the relevance of the orientations in order to implement necessary changes leading to anticipated improvements.
 - 7.4. The Contractor will measure program outputs through the following which shall include but not be limited to:
 - 7.4.1. Attendance at health orientations and workshops (number and percentage of new refugees);
 - 7.4.2. Follow up appointments after the first health screening (number and percentage);
 - 7.4.3. Number of referrals to health, behavioral or other services and number/percentage who kept appointments; and,
 - 7.4.4. Number and percentage enrolled in health insurance.
 - 7.5. The Contractor will measure the health literacy among refugees and improve their understanding of their health and of the American health system with a simple questionnaire offered at each workshop and orientation.
 - 7.6. The Contractor will solicit feedback from participants at trainings on the usefulness of topics, presentation style, etc. for future improvement.
 - 7.7. The Contractor will track the number of individuals participating and completing orientations/trainings/workshops as well as the topics of each training/class.
 - 7.8. The Contractor will measure the culturally/linguistically appropriate health and mental health services provided timely to refugees to help them achieve health and wellness by tracking the number and percentage of refugees receiving case management services and those referred for follow-up service, which will include:
 - 7.8.1. Refugee demographics;
 - 7.8.2. Number of providers receiving education/training.
 - 7.9. The Contractor will measure support services provided to refugees to increase their access to affordable health insurance by tracking the number and percentage of



refugees accessing affordable health insurance upon arrival and when transitioning off of RMA.

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

JT

12/1/17



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the Refugee and Entrant Assistance State Administered Programs, Refugee Health Promotion Grant, Federal Office of Refugee Resettlement, Catalog of Federal Domestic Assistance (CFDA) #93.576, Federal Award Identification Number (FAIN), 90RX0280-01-00.
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State no later than 30 days after the close of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within sixty (60) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State by September 15, 2020 as indicated in Form P-37, Block 1.7 Completion Date.
 - 2.5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to laura.mcglashan@dhhs.nh.gov, or invoices may be mailed to:

Laura McGlashan, NH State Refugee Health Coordinator
Department of Health and Human Services
Office of Health Equity
97 Pleasant Street, Thayer Building
Concord, NH 03301
 - 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: International Institute of New England

Budget Request for: New Hampshire Refugee Health Promotion Program
(Name of RFP)

Budget Period: 9/1/17 - 6/30/18

1. Total Salary/Wages	\$ 17,901.40	\$ -	\$ -	\$ -	\$ 17,901.40	\$ -	\$ -	\$ -	\$ 17,901.40
2. Employee Benefits	\$ 4,117.32	\$ -	\$ -	\$ -	\$ 4,117.32	\$ -	\$ -	\$ -	\$ 4,117.32
3. Consultants	\$ 2,516.65	\$ -	\$ -	\$ -	\$ 2,516.65	\$ -	\$ -	\$ -	\$ 2,516.65
4. Equipment:									
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:									
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 282.75	\$ -	\$ -	\$ -	\$ 282.75	\$ -	\$ -	\$ -	\$ 282.75
6. Travel	\$ 199.44	\$ -	\$ -	\$ -	\$ 199.44	\$ -	\$ -	\$ -	\$ 199.44
7. Occupancy	\$ 1,094.94	\$ -	\$ -	\$ -	\$ 1,094.94	\$ -	\$ -	\$ -	\$ 1,094.94
8. Current Expenses:									
Telephone	\$ 651.75	\$ -	\$ -	\$ -	\$ 651.75	\$ -	\$ -	\$ -	\$ 651.75
Postage	\$ 4.17	\$ -	\$ -	\$ -	\$ 4.17	\$ -	\$ -	\$ -	\$ 4.17
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):									
Adult Field Trips	\$ 869.00	\$ -	\$ -	\$ -	\$ 869.00	\$ -	\$ -	\$ -	\$ 869.00
Recruiting	\$ 80.23	\$ -	\$ -	\$ -	\$ 80.23	\$ -	\$ -	\$ -	\$ 80.23
Indirect As A Percent of Direct	\$ -	\$ 4,891.36	\$ -	\$ -	\$ 4,891.36	\$ -	\$ -	\$ -	\$ 4,891.36
TOTAL	\$ 27,717.65	\$ 4,891.36	\$ -	\$ -	\$ 32,609.00	\$ -	\$ -	\$ -	\$ 32,609.00

17.65%

Indirect As A Percent of Direct

Contractor Initials: JJ
Date: 12/1/17

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: International Institute of New England

Budget Request for: New Hampshire Refugee Health Promotion Program
 (Name of RFP)

Budget Period: 7/1/18 - 6/30/19

1. Total Salary/Wages	\$	20,600.00	\$	20,600.00	\$	-	\$	20,600.00	\$	-	\$	20,600.00	\$	20,600.00
2. Employee Benefits	\$	4,738.00	\$	4,738.00	\$	-	\$	4,738.00	\$	-	\$	4,738.00	\$	4,738.00
3. Consultants	\$	2,875.00	\$	2,875.00	\$	-	\$	2,875.00	\$	-	\$	2,875.00	\$	2,875.00
4. Equipment	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Rental	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Repair and Maintenance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Purchase/Depreciation	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
5. Supplies:	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Educational	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Lab	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Pharmacy	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Medical	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Office	\$	325.37	\$	325.37	\$	-	\$	325.37	\$	-	\$	325.37	\$	325.37
6. Travel	\$	229.50	\$	229.50	\$	-	\$	229.50	\$	-	\$	229.50	\$	229.50
7. Occupancy	\$	1,260.00	\$	1,260.00	\$	-	\$	1,260.00	\$	-	\$	1,260.00	\$	1,260.00
8. Current Expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Telephone	\$	750.00	\$	750.00	\$	-	\$	750.00	\$	-	\$	750.00	\$	750.00
Postage	\$	4.80	\$	4.80	\$	-	\$	4.80	\$	-	\$	4.80	\$	4.80
Subscriptions	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Audit and Legal	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Insurance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Board Expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
9. Software	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
10. Marketing/Communications	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
11. Staff Education and Training	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
12. Subcontracts/Agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
13. Other (specific details mandatory)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Adult Field Trips	\$	1,000.00	\$	1,000.00	\$	-	\$	1,000.00	\$	-	\$	1,000.00	\$	1,000.00
Recruiting	\$	92.33	\$	92.33	\$	-	\$	92.33	\$	-	\$	92.33	\$	92.33
Indirect As A Percent of Direct	\$	-	\$	5,625.00	\$	-	\$	5,625.00	\$	-	\$	5,625.00	\$	5,625.00
TOTAL	\$	31,875.00	\$	31,875.00	\$	-	\$	31,875.00	\$	-	\$	31,875.00	\$	37,500.00

Indirect As A Percent of Direct 17.65%

Contractor Initials: 
 Date: 12/1/17

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: International Institute of New England

Budget Request for: New Hampshire Refugee Health Promotion Program
 (Name of RFP)

Budget Period: 7/1/19 - 6/30/20

1. Total Salary/Wages	\$	20,600.00	\$	20,600.00	\$	20,600.00	\$	20,600.00	\$	20,600.00
2. Employee Benefits	\$	4,738.00	\$	4,738.00	\$	4,738.00	\$	4,738.00	\$	4,738.00
3. Consultants	\$	2,875.00	\$	2,875.00	\$	2,875.00	\$	2,875.00	\$	2,875.00
4. Equipment	\$	-	\$	-	\$	-	\$	-	\$	-
Rental	\$	-	\$	-	\$	-	\$	-	\$	-
Repair and Maintenance	\$	-	\$	-	\$	-	\$	-	\$	-
Purchase/Depreciation	\$	-	\$	-	\$	-	\$	-	\$	-
5. Supplies:	\$	-	\$	-	\$	-	\$	-	\$	-
Educational	\$	-	\$	-	\$	-	\$	-	\$	-
Lab	\$	-	\$	-	\$	-	\$	-	\$	-
Pharmacy	\$	-	\$	-	\$	-	\$	-	\$	-
Medical	\$	-	\$	-	\$	-	\$	-	\$	-
Office	\$	325.37	\$	325.37	\$	325.37	\$	325.37	\$	325.37
6. Travel	\$	228.50	\$	228.50	\$	228.50	\$	228.50	\$	228.50
7. Occupancy	\$	1,260.00	\$	1,260.00	\$	1,260.00	\$	1,260.00	\$	1,260.00
8. Current Expenses	\$	-	\$	-	\$	-	\$	-	\$	-
Telephone	\$	750.00	\$	750.00	\$	750.00	\$	750.00	\$	750.00
Postage	\$	4.80	\$	4.80	\$	4.80	\$	4.80	\$	4.80
Subscriptions	\$	-	\$	-	\$	-	\$	-	\$	-
Audit and Legal	\$	-	\$	-	\$	-	\$	-	\$	-
Insurance	\$	-	\$	-	\$	-	\$	-	\$	-
Board Expenses	\$	-	\$	-	\$	-	\$	-	\$	-
Software	\$	-	\$	-	\$	-	\$	-	\$	-
9. Marketing/Communications	\$	-	\$	-	\$	-	\$	-	\$	-
10. Staff Education and Training	\$	-	\$	-	\$	-	\$	-	\$	-
11. Subcontracts/Agreements	\$	-	\$	-	\$	-	\$	-	\$	-
12. Other (specific details mandatory):	\$	-	\$	-	\$	-	\$	-	\$	-
Adult Field Trips	\$	1,000.00	\$	1,000.00	\$	1,000.00	\$	1,000.00	\$	1,000.00
Recruiting	\$	92.33	\$	92.33	\$	92.33	\$	92.33	\$	92.33
Indirect As A Percent of Direct	\$	-	\$	5,625.00	\$	5,625.00	\$	5,625.00	\$	5,625.00
TOTAL	\$	31,875.00	\$	31,875.00	\$	31,875.00	\$	31,875.00	\$	31,875.00
Indirect As A Percent of Direct				17.65%						

Contractor Initials: ST
 Date: 12/1/17

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: International Institute of New England

Budget Request for: New Hampshire Refugee Health Promotion Program
(Name of RFP)

Budget Period: 7/1/20 - 6/1/420

1. Total Salary/Wages	\$	2,698.60	\$	-	\$	2,698.60	\$	-	\$	2,698.60	\$	-	\$	2,698.60
2. Employee Benefits	\$	620.68	\$	-	\$	620.68	\$	-	\$	620.68	\$	-	\$	620.68
3. Consultants	\$	358.36	\$	-	\$	358.36	\$	-	\$	358.36	\$	-	\$	358.36
4. Equipment	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Rental	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Repair and Maintenance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Purchase/Depreciation	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
5. Supplies:	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Educational	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Lab	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Pharmacy	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Medical	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Office	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
6. Travel	\$	42.62	\$	-	\$	42.62	\$	-	\$	42.62	\$	-	\$	42.62
7. Occupancy	\$	30.06	\$	-	\$	30.06	\$	-	\$	30.06	\$	-	\$	30.06
8. Current Expenses	\$	165.06	\$	-	\$	165.06	\$	-	\$	165.06	\$	-	\$	165.06
Telephone	\$	98.25	\$	-	\$	98.25	\$	-	\$	98.25	\$	-	\$	98.25
Postage	\$	0.63	\$	-	\$	0.63	\$	-	\$	0.63	\$	-	\$	0.63
Subscriptions	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Audit and Legal	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Insurance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Board Expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Software	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
9. Marketing/Communications	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
10. Staff Education and Training	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
11. Subcontracts/Agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
13. Other (specific details mandatory):	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Adult Field Trips	\$	131.00	\$	-	\$	131.00	\$	-	\$	131.00	\$	-	\$	131.00
Recruiting	\$	12.10	\$	-	\$	12.10	\$	-	\$	12.10	\$	-	\$	12.10
Indirect As A Percent of Direct	\$	733.65	\$	-	\$	733.65	\$	-	\$	733.65	\$	-	\$	733.65
TOTAL	\$	4,157.36	\$	-	\$	4,157.36	\$	-	\$	4,157.36	\$	-	\$	4,891.00

Indirect As A Percent of Direct 17.65%

Contractor Initials: ST
Date: 12/1/17



SPECIAL PROVISIONS

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

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



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

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

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



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

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

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

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

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

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

16. **Equal Employment Opportunity Plan (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.

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.



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.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

1850 Elm Street, Suite 6, Manchester, NH 03104

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

Contractor Name:

12/1/17
Date


Name: Jeffrey Thielman
Title: President and CEO



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

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

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

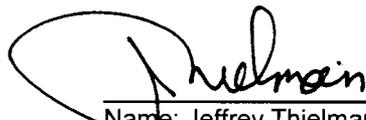
The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Contractor Name:

12/1/17
Date


Name: Jeffrey Thielman
Title: President and CEO



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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

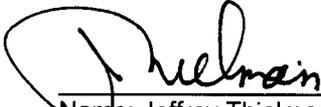
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

12/1/17
Date


Name: Jeffrey Thielman
Title: President and CEO



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

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

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

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

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

Exhibit G

Contractor Initials

JT

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

12/1/17

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

12/1/17
Date

Contractor Name:

Name: Jeffrey Thielman
Title: President and CEO

Exhibit G

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

Contractor Initials JT

Date 12/1/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

12/1/17
Date

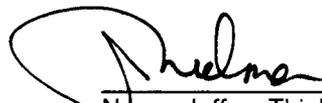

Name: Jeffrey Thielman
Title: President and CEO



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



Exhibit I

- I. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR Section 164.103.
- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. “Unsecured Protected Health Information” means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

- pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.
- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
 - g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
 - h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
 - i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
 - j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
 - k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
 - l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

International Institute of New England, Inc.
Name of the Contractor

[Signature]
Signature of Authorized Representative

[Signature]
Signature of Authorized Representative

Trinidad Tellez
Name of Authorized Representative

Jeffrey Thielman
Name of Authorized Representative

Director, Office of Health Equity
Title of Authorized Representative

President and CEO
Title of Authorized Representative

12/6/17
Date

12/1/17
Date



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

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

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

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

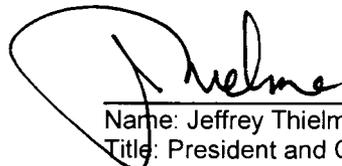
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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

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

Contractor Name:

12/1/17
Date


Name: Jeffrey Thielman
Title: President and CEO



FORM A

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

1. The DUNS number for your entity is: 094845997
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO _____ YES

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

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

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

_____ NO _____ YES

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

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

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

Name: _____	Amount: _____



Exhibit K

DHHS INFORMATION SECURITY REQUIREMENTS

1. Confidential Information: In addition to Paragraph #9 of the General Provisions (P-37) for the purpose of this SOW, the Department's Confidential information includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Personal Health Information (PHI), Personally Identifiable Information (PII), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.
2. The vendor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services. Minimum expectations include:
 - 2.1. Contractor shall not store or transfer data collected in connection with the services rendered under this Agreement outside of the United States. This includes backup data and Disaster Recovery locations.
 - 2.2. Maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).
 - 2.3. Maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
 - 2.4. Encrypt, at a minimum, any Department confidential data stored on portable media, e.g., laptops, USB drives, as well as when transmitted over public networks like the Internet using current industry standards and best practices for strong encryption.
 - 2.5. Ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
 - 2.6. Provide security awareness and education for its employees, contractors and sub-contractors in support of protecting Department confidential information
 - 2.7. Maintain a documented breach notification and incident response process. The vendor will contact the Department within twenty-four 24 hours to the Department's contract manager, and additional email addresses provided in this section, of a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
 - 2.7.1. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

Breach notifications will be sent to the following email addresses:

 - 2.7.1.1. DHHSChiefInformationOfficer@dhhs.nh.gov
 - 2.7.1.2. DHHSInformationSecurityOffice@dhhs.nh.gov
 - 2.8. If the vendor will maintain any Confidential Information on its systems (or its sub-contractor systems), the vendor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed

JT

12/1/17



by the vendor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion, or otherwise physically destroying the media (for example, degaussing). The vendor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and the vendor prior to destruction.

- 2.9. If the vendor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the vendor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the vendor, including breach notification requirements.
3. The vendor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the vendor and any applicable sub-contractors prior to system access being authorized.
4. If the Department determines the vendor is a Business Associate pursuant to 45 CFR 160.103, the vendor will work with the Department to sign and execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
5. The vendor will work with the Department at its request to complete a survey. The purpose of the survey is to enable the Department and vendor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the vendor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the vendor, or the Department may request the survey be completed when the scope of the engagement between the Department and the vendor changes. The vendor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the appropriate authorized data owner or leadership member within the Department.
6. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

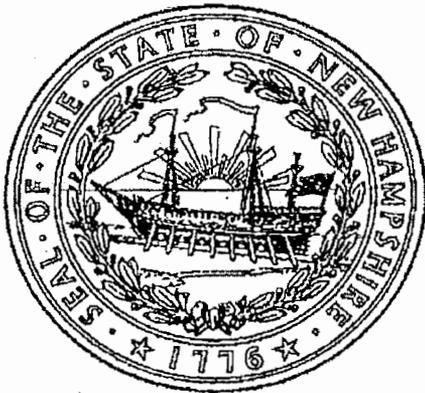
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on February 12, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 739194



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of April A.D. 2017.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Deborah Shufrin, do hereby certify that:

(Name of the elected officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of International Institute of New England, Inc.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on December 1, 2015:
(Date)

RESOLVED: That the President and Chief Executive Officer is hereby authorized on behalf of this Agency
(Title of Contract Signatory)
to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 1st day of December, 2017.
(Date Contract Signed)

4. Jeffrey Thielman is the duly elected President and Chief Executive Officer of the Agency.
(Name of Contract Signatory) (Title of Contract Signatory)

[Signature]
(Signature of the elected officer)
Assistant Secretary/Clerk
(Title of the elected officer)

(AGENCY SEAL)

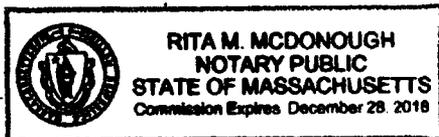
STATE OF MA
County of Suffolk

The forgoing instrument was acknowledged before me this 1ST day of Dec, 2017.

By Deborah Shufrin
(Name of Elected Officer of the Agency)

[Signature]
(Notary Public/Justice of the Peace)

(NOTARY SEAL)



Commission Expires: 12.28.18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2017

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

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

PRODUCER Willis of Massachusetts, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ex): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL: certificates@willis.com ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Company</td> <td>1805B</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Company	1805B	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER F:														
INSURED International Institute of New England, Inc. 2 Boylston Street 3rd Floor Boston, MA 02116														

COVERAGES **CERTIFICATE NUMBER: W2467775** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	N N	PHPK1649669	05/05/2017	05/05/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured includes International Institute of New Hampshire, Inc. and International Institute of Lowell, Inc.

CERTIFICATE HOLDER **CANCELLATION**

NE DEHS 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.
THIRD PARTY LIABILITY		AUTHORIZED REPRESENTATIVE



INTEINS-05

DKULICK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/01/2017

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

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

PRODUCER License # 1780862 HUB International New England 600 Longwater Drive Norwell, MA 02061-9146	CONTACT NAME: PHONE (A/C, No, Ext): (781) 792-3200	FAX (A/C, No): (781) 792-3400
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Property Casualty Company of America		25674
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

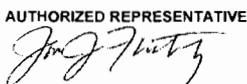
International Institute Of New England, Inc.
 2 Boylston Street, 3rd floor
 Boston, MA 02116

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A		6JUB9975L65417	10/01/2017	10/01/2018	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

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



International Institute of New England

Mission Statement

MISSION

The mission of the International Institute of New England is to invest in the future of our cities and towns by preparing refugees and immigrants for participation in the social, economic, and political richness of American life through active citizenship.

VISION

As Champions of the American Dream, the vision of the International Institute of New England is to provide opportunity for all aspiring Americans.

TAGLINE

Champions of the American Dream.

AFFILIATION WITH UNITED STATES COMMITTEE FOR REFUGEES AND IMMIGRANTS

The International Institute of New England is proud to be a partner agency of the United States Committee for Refugees and Immigrants (USCRI). The Institute shares USCRI's mission to protect the rights and address the needs of persons in forced or voluntary migration worldwide and support their transitions to a dignified life. USCRI's staff interacts weekly with employees of the International Institute of New England, and we work diligently to meet USCRI's high standards. The Institute shares ideas and best practices with other members of the USCRI network as well as other organizations that work in the refugee and immigration field.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.)
AND AFFILIATE**

**COMBINED FINANCIAL STATEMENTS
SEPTEMBER 30, 2016 AND 2015**

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Contents
September 30, 2016 and 2015

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Combined Statements of Activities and Changes in Net Assets	3
Combined Statements of Cash Flows	4
Combined Statements of Functional Expenses	5 - 6
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21 East Main Street
Westborough, MA 01581
508.366.9100
aafoa.com

Independent Auditor's Report

To the Board of Directors of
International Institute of New England, Inc. and Affiliate:

Report on the Combined Financial Statements

We have audited the accompanying combined financial statements of International Institute of New England, Inc. (formerly, International Institute of Boston, Inc.) (a Massachusetts nonprofit corporation) and Affiliate, which comprise the combined statements of financial position as of September 30, 2016 and 2015, and the related combined statements of activities and changes in net assets, cash flows and functional expenses for the years then ended, and the related notes to the combined financial statements.

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of these combined 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 combined 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 combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined 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 combined 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 combined 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 combined financial statements referred to above present fairly, in all material respects, the combined financial position of International Institute of New England, Inc. (formerly, International Institute of Boston, Inc.) and Affiliate as of September 30, 2016 and 2015, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Alexander, Brown, Penning & Co., P.C.

Boston, Massachusetts
February 15, 2017

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Combined Statements of Financial Position
September 30, 2016 and 2015

Assets	2016	2015
Current Assets:		
Cash - operating	\$ 897,308	\$ 321,480
Grants, contracts and other receivables	763,475	456,169
Prepaid expenses and other	27,203	27,286
Cash - escrow	-	500,000
Short-term investments	-	1,260,000
Total current assets	1,687,986	2,564,935
Investments	8,129,057	8,782,486
Property and Equipment, net	2,080,248	55,008
Security Deposits	92,764	6,000
Total assets	\$ 11,990,055	\$ 11,408,429
Liabilities and Net Assets		
Current Liabilities:		
Accounts payable	\$ 388,266	\$ 46,850
Accrued expenses	311,762	1,481,596
Current portion of deferred rent and lease incentive	110,782	-
Deferred revenue	37,409	9,439
Total current liabilities	848,219	1,537,885
Deferred Rent and Lease Incentive, net of current portion	1,063,224	-
Total liabilities	1,911,443	1,537,885
Net Assets:		
Unrestricted:		
Operating	9,374,814	9,689,240
Property and equipment	678,351	55,008
Total unrestricted	10,053,165	9,744,248
Temporarily restricted	25,447	126,296
Total net assets	10,078,612	9,870,544
Total liabilities and net assets	\$ 11,990,055	\$ 11,408,429

INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE

Combined Statements of Activities and Changes in Net Assets
For the Years Ended September 30, 2016 and 2015

	2016		2015	
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted
Revenues:				
Contract services	\$ 4,075,093	\$ -	\$ 4,075,093	\$ -
Donated goods and services	786,536	-	786,536	-
Grants and contributions	83,517	139,895	223,412	365,776
United Way allocation	115,679	-	115,679	-
Special events	93,659	-	93,659	-
Miscellaneous	33,483	-	33,483	-
Rental income	-	-	-	-
Net assets released from program restrictions	240,744	(240,744)	468,779	(468,779)
Total revenues	5,428,711	(100,849)	5,327,862	(103,003)
Expenses:				
Program services	4,422,262	-	4,411,729	-
General and administrative	1,259,198	-	891,753	-
Fundraising	317,974	-	216,240	-
Facilities	-	-	707,067	-
Total expenses	5,999,434	-	6,226,789	-
Changes in net assets from operations	(570,723)	(100,849)	(318,745)	(103,003)
Non-Operating Revenue (Expenses):				
Net investment gain (loss)	785,728	-	785,728	-
Capital grants	-	93,912	-	-
Net assets released from capital restrictions	93,912	(93,912)	-	-
Gain on sale of building, net of related income taxes of \$1,231,525	-	-	10,650,189	-
Amortization of financing fees	-	-	(184,549)	-
Total non-operating revenue (expenses)	879,640	-	9,931,182	-
Changes in net assets	308,917	(100,849)	9,612,437	(103,003)
Net Assets:				
Beginning of year	9,744,248	126,296	131,811	229,299
End of year	\$ 10,053,165	\$ 25,447	\$ 9,744,248	\$ 126,296
				\$ 9,870,544

The accompanying notes are an integral part of these combined statements.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Combined Statements of Cash Flows
For the Years Ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash Flows from Operating Activities:		
Changes in net assets	\$ 208,068	\$ 9,509,434
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Net realized and unrealized (gains) losses on investments	(785,728)	534,458
Gain on sale of building	-	(11,881,714)
Depreciation and amortization	54,180	341,859
Amortization of lease incentive	(18,464)	-
Capital grants	(93,912)	-
Changes in operating assets and liabilities:		
Grants, contracts and other receivables	(212,806)	(56,353)
Prepaid expenses and other	83	(7,734)
Security deposits	(86,764)	-
Accounts payable	19,025	(211,987)
Accrued expenses	61,691	1,242,863
Deferred rent	84,648	-
Deferred revenue	27,970	(10,882)
	<u>(742,009)</u>	<u>(540,056)</u>
Net cash used in operating activities		
Cash Flows from Investing Activities:		
Investment purchases	(4,430,297)	(10,576,944)
Proceeds from sale/transfer of investments	7,129,454	-
(Increase) decrease in cash - escrow	500,000	(500,000)
Acquisition of property and equipment	(1,757,029)	(44,211)
Proceeds from sale of building	-	17,766,479
Unrelated business income taxes paid	(1,231,525)	-
	<u>210,603</u>	<u>6,645,324</u>
Net cash provided by investing activities		
Cash Flows from Financing Activities:		
Proceeds from lease incentive	1,013,322	-
Capital grants	93,912	-
Principal payments on long-term debt	-	(6,531,318)
	<u>1,107,234</u>	<u>(6,531,318)</u>
Net cash provided by (used in) financing activities		
Net Change in Cash	575,828	(426,050)
Cash:		
Beginning of year	<u>321,480</u>	<u>747,530</u>
End of year	<u>\$ 897,308</u>	<u>\$ 321,480</u>
Supplemental Disclosure of Cash Flow Information:		
Property and equipment financed through accounts payable	<u>\$ 322,391</u>	<u>\$ -</u>
Cash paid for interest	<u>\$ -</u>	<u>\$ 174,524</u>
Cash paid for unrelated business income taxes	<u>\$ 1,231,525</u>	<u>\$ 96,225</u>

The accompanying notes are an integral part of these combined statements.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Combined Statement of Functional Expenses
For the Year Ended September 30, 2016
(With Summarized Comparative Totals for the Year Ended September 30, 2015)

	2016			2015	
	Program Services	General and Administrative	Fundraising	Total	Total
Personnel and Related:					
Salaries	\$ 1,852,580	\$ 655,462	\$ 106,815	\$ 2,614,857	\$ 2,547,584
Donated services	557,583	109,868	26,399	693,850	533,695
Payroll taxes and fringe benefits	320,791	41,150	18,116	380,057	402,959
Purchased and contracted services	89,425	187,265	62,887	339,577	239,827
Recruitment	5,188	17,796	50	23,034	72,777
Total personnel and related	<u>2,825,567</u>	<u>1,011,541</u>	<u>214,267</u>	<u>4,051,375</u>	<u>3,796,842</u>
Occupancy:					
Rent and utilities	276,332	95,936	16,904	389,172	265,247
Depreciation	18,109	4,105	1,932	24,146	146,132
Equipment rental	12,414	-	-	12,414	13,403
Repairs and maintenance	763	10,132	-	10,895	54,675
Mortgage interest	-	-	-	-	174,524
Real estate taxes	-	-	-	-	85,711
Total occupancy	<u>307,618</u>	<u>110,173</u>	<u>18,836</u>	<u>436,627</u>	<u>739,692</u>
Other:					
Client assistance	1,029,865	-	-	1,029,865	1,209,710
Donated goods	92,686	-	-	92,686	43,734
Professional fees	1,128	68,195	227	69,550	63,463
Special events	-	-	61,937	61,937	59,066
Supplies and materials	47,553	11,675	2,367	61,595	77,964
Travel, meetings and conferences	35,085	15,774	3,341	54,200	57,180
Insurance	15,360	29,455	214	45,029	61,184
Telephone	39,886	1,658	-	41,544	33,974
Depreciation and amortization	18,361	7,408	4,265	30,034	11,178
Dues and subscriptions	5,781	1,250	5,410	12,441	13,073
Printing	-	-	5,755	5,755	-
Miscellaneous	2,368	843	500	3,711	17,938
Postage	1,004	1,226	855	3,085	3,607
Income taxes	-	-	-	-	38,184
Total other	<u>1,289,077</u>	<u>137,484</u>	<u>84,871</u>	<u>1,511,432</u>	<u>1,690,255</u>
Total expenses	<u>\$ 4,422,262</u>	<u>\$ 1,259,198</u>	<u>\$ 317,974</u>	<u>\$ 5,999,434</u>	<u>\$ 6,226,789</u>

The accompanying notes are an integral part of these combined statements.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Combined Statement of Functional Expenses
For the Year Ended September 30, 2015

	<u>Program Services</u>	<u>General and Adminis- trative</u>	<u>Fundraising</u>	<u>Facilities</u>	<u>Total</u>
Personnel and Related:					
Salaries	\$ 1,825,111	\$ 559,779	\$ 68,169	\$ 94,525	\$ 2,547,584
Donated services	533,695	-	-	-	533,695
Payroll taxes and fringe benefits	288,664	88,557	10,784	14,954	402,959
Purchased and contracted services	111,070	60,541	61,716	6,500	239,827
Recruitment	740	71,927	110	-	72,777
	<u>2,759,280</u>	<u>780,804</u>	<u>140,779</u>	<u>115,979</u>	<u>3,796,842</u>
Total personnel and related					
Occupancy:					
Rent and utilities	210,640	-	-	54,607	265,247
Depreciation	-	-	-	146,132	146,132
Equipment rental	12,663	-	-	740	13,403
Repairs and maintenance	325	-	-	54,350	54,675
Mortgage interest	-	-	-	174,524	174,524
Real estate taxes	-	-	-	85,711	85,711
	<u>223,628</u>	<u>-</u>	<u>-</u>	<u>516,064</u>	<u>739,692</u>
Total occupancy					
Other:					
Client assistance	1,209,710	-	-	-	1,209,710
Donated goods	43,734	-	-	-	43,734
Professional fees	548	51,780	1,115	10,020	63,463
Special events	-	-	59,066	-	59,066
Supplies and materials	69,086	8,237	358	283	77,964
Travel, meetings and conferences	49,463	7,394	323	-	57,180
Insurance	8,171	30,312	500	22,201	61,184
Telephone	33,805	169	-	-	33,974
Depreciation and amortization	988	5,854	-	4,336	11,178
Dues and subscriptions	9,403	645	3,025	-	13,073
Miscellaneous	2,846	5,027	10,065	-	17,938
Postage	1,067	1,531	1,009	-	3,607
Income taxes	-	-	-	38,184	38,184
	<u>1,428,821</u>	<u>110,949</u>	<u>75,461</u>	<u>75,024</u>	<u>1,690,255</u>
Total other					
Total expenses					
	<u>\$ 4,411,729</u>	<u>\$ 891,753</u>	<u>\$ 216,240</u>	<u>\$ 707,067</u>	<u>\$ 6,226,789</u>

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Notes to Combined Financial Statements
September 30, 2016 and 2015

1. OPERATIONS, NONPROFIT STATUS AND SIGNIFICANT ACCOUNTING POLICIES

OPERATIONS AND NONPROFIT STATUS

International Institute of New England, Inc. (formerly, International Institute of Boston, Inc.) (the Institute) is a nonprofit organization that provides assistance to the immigrant and refugee populations of Massachusetts and New Hampshire. In fiscal years 2016 and 2015, there were approximately 1,700 and 1,900 unduplicated people, respectively, from approximately 66 and 65 countries, respectively, that benefited from the Institute's services, gaining the knowledge and skills necessary for their integration into American life. The Institute's services include English and literacy classes, citizenship education, job training and placement, legal aid and counseling services, and case management.

Community Lending Corporation (CLC) was a community-based nonprofit corporation established to provide financing, technical assistance and business support services to underserved populations. The Institute was the sole member of CLC. The Institute and CLC shared three common Board members and their President. CLC had limited activity for the years ended September 30, 2016 and 2015. During fiscal year 2016, CLC was dissolved and its remaining assets and liabilities were transferred to the Institute.

The Institute and CLC are exempt from Federal income taxes as organizations (not private foundations) formed for charitable purposes under Section 501(c)(3) of the Internal Revenue Code (IRC). The Institute and CLC are also exempt from state income taxes. Contributions made to the Institute and CLC are deductible by donors within the requirements of the IRC. During 2015, certain rental income and the sale of the Institute's building (see page 8) was subject to Federal and state income taxes under Unrelated Business Taxable Income (UBIT) regulations.

During fiscal year 2016, the Institute changed its name from International Institute of Boston, Inc. to International Institute of New England, Inc.

SIGNIFICANT ACCOUNTING POLICIES

The Institute and CLC (collectively, the Organization) prepare their combined financial statements in accordance with generally accepted accounting standards and principles established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Principles of Combination

The combined financial statements include the accounts of the Institute and CLC. All significant inter-company transactions and balances have been eliminated.

Combined Statements of Activities and Changes in Net Assets

Transactions deemed by management to be ongoing, major or central to the provision of program services are reported as operating revenue and expenses on the accompanying combined statements of activities and changes in net assets. Non-operating revenues (expenses) include capital and investment activity.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Notes to Combined Financial Statements
September 30, 2016 and 2015

1. OPERATIONS, NONPROFIT STATUS AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of combined financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Property and Equipment and Depreciation

Property and equipment are recorded at cost when purchased or at fair value at the date of donation. Property and equipment are depreciated using the straight-line method over the following estimated useful lives:

	<u>Estimated Useful Life</u>	<u>2016</u>	<u>2015</u>
Leasehold improvements	Lesser of life of lease or 10 years	\$ 1,770,198	\$ -
Furniture and equipment	3 - 10 years	712,910	403,688
Vehicles	5 years	<u>35,064</u>	<u>35,064</u>
		2,518,172	438,752
Less - accumulated depreciation		<u>437,924</u>	<u>383,744</u>
Net property and equipment		<u>\$ 2,080,248</u>	<u>\$ 55,008</u>

In May 2015, the Institute sold its building resulting in a gain of \$10,650,189, net of related income taxes.

Depreciation expense was \$54,180 and \$152,974 for the years ended September 30, 2016 and 2015, respectively.

Financing Costs

Prior to May 2015, the Institute was amortizing \$203,589 of financing costs associated with certain long-term debt. In May 2015, the Institute sold its building (see above) and paid off its remaining debt. These costs were being amortized using the straight-line method over the term of the related debt and became fully amortized in May 2015 upon repayment of the debt. Amortization expense was \$188,885 for the year ended September 30, 2015.

Allowance for Doubtful Accounts

The allowance for doubtful accounts is recorded based on management's analysis of specific accounts and their estimate of amounts that may be uncollectible, if any. No allowance for doubtful accounts was deemed necessary as of September 30, 2016 and 2015.

Cash

Cash for the purpose of the accompanying combined statements of cash flows does not include cash held in the investment portfolio or in escrow.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Notes to Combined Financial Statements
September 30, 2016 and 2015

1. OPERATIONS, NONPROFIT STATUS AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements

The Organization follows the accounting and disclosure standards pertaining to ASC Topic, *Fair Value Measurements*, for qualifying assets and liabilities. Fair value is defined as the price that the Organization would receive upon selling an asset or pay to settle a liability in an orderly transaction between market participants.

The Organization uses a framework for measuring fair value that includes a hierarchy that categorizes and prioritizes the sources used to measure and disclose fair value. This hierarchy is broken down into three levels based on inputs that market participants would use in valuing the financial instruments based on market data obtained from sources independent of the Organization. Inputs refer broadly to the assumptions that market participants would use in pricing the financial instrument, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the financial instrument developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset developed based on the best information available. The three-tier hierarchy of inputs is as follows:

Level 1 - Inputs that reflect unadjusted quoted prices in active markets for identical assets at the measurement date.

Level 2 - Inputs other than quoted prices that are observable for the asset either directly or indirectly, including inputs in markets that are not considered to be active.

Level 3 - Inputs that are unobservable and which require significant judgment or estimation.

An 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.

Investments

Investments are recorded in the financial statements at fair value. If an investment is directly held by the Organization and an active market with quoted prices exists, the market price of an identical security is used to report fair value. Reported fair values of shares in mutual funds are based on share prices reported by the funds as of the last business day of the fiscal year.

Accounting Principle Adoption

In fiscal year 2016, the Organization adopted FASB Accounting Standards Update 2015-07 (ASU 2015-07) (see Note 4), *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, removing the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. As early application is allowed, the Organization has used the retrospective approach for all periods presented whereby investments for which fair value is measured using the net asset value per share practical expedient have been removed from the fair value hierarchy (see Note 4).

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Notes to Combined Financial Statements
September 30, 2016 and 2015

1. OPERATIONS, NONPROFIT STATUS AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition

Grants and contributions that have no donor restrictions are recognized as unrestricted revenue upon receipt or when unconditionally pledged. Contract service revenue is recognized when services are performed and costs are incurred. Rental income is recognized ratably over the applicable lease periods.

Donor restricted grants and contributions are recorded as temporarily restricted revenue when received or unconditionally pledged. When a donor restriction is met, that is, when a purpose restriction is accomplished or a time restriction ends, temporarily restricted net assets are transferred to unrestricted net assets as net assets released from restrictions.

Special event revenue is recorded at the time of the event; however, contributions unconditionally pledged in support of the special event are recorded as special event revenue at the time of the pledge. All other income is recorded as earned.

Expense Allocations

Program expenses contain direct expenses, as well as indirect expenses, which are allocated based upon management's estimate of the percentage attributable to each program.

Donated Goods and Services

The Institute receives donated goods and services in various aspects of its programs. The value of the donated items is based on estimates made by the volunteers, agencies or management. Donated goods include food and clothing; donated services include legal, teaching, and consulting work. Donated items received were as follows:

	<u>2016</u>	<u>2015</u>
Donated services	\$ 693,850	\$ 533,695
Donated goods	<u>92,686</u>	<u>43,734</u>
	<u>\$ 786,536</u>	<u>\$ 577,429</u>

The Institute also receives a substantial amount of donated administrative services. Many individuals volunteer their time and perform a variety of tasks that help the Organization accomplish its goals. These services do not meet the criteria for recognition as contributed services under U.S. GAAP and, accordingly, are not included in the accompanying combined financial statements.

Subsequent Events

Subsequent events have been evaluated through February 15, 2017, which is the date the combined financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the combined financial statements.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
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Notes to Combined Financial Statements
September 30, 2016 and 2015

1. OPERATIONS, NONPROFIT STATUS AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

SIGNIFICANT ACCOUNTING POLICIES (Continued)

Deferred Revenue

Deferred revenue consists of contract advances. These amounts will be recognized as revenue as the services are provided and costs are incurred.

Income Taxes

The Organization accounts for uncertainty in income taxes in accordance with ASC Topic, *Income Taxes*. This standard clarifies the accounting for uncertainty in tax positions and prescribes a recognition threshold and measurement attribute for the combined financial statements regarding a tax position taken or expected to be taken in a tax return. The Organization has determined that there are no uncertain tax positions which qualify for either recognition or disclosure in the combined financial statements at September 30, 2016 or 2015.

Net Assets

Unrestricted Net Assets:

Unrestricted net assets are those net resources that bear no external restrictions and are generally available for use by the Organization. The Organization has grouped its unrestricted net assets into the following categories:

Operating - represents funds available to carry on the operations of the Organization.

Property and equipment - reflect and account for the activities relating to the Organization's property and equipment, net of related debt.

Temporarily Restricted Net Assets:

The Organization receives contributions and grants that are designated by donors for specific purposes or time periods. These contributions are recorded as temporarily restricted net assets until they are either expended for their designated purposes or as the time restrictions lapse. Temporarily restricted net assets as of September 30, 2016 and 2015, are purpose restricted.

2. RETIREMENT PLAN

The Institute has a defined contribution retirement plan covering all eligible employees over the age of twenty-one who have completed a minimum of 1,000 hours of service within each of their first two years of employment. Employee contributions are vested immediately into the plan upon eligibility. The Institute did not make any contributions to the plan during the years ended September 30, 2016 and 2015.

3. TENANT LEASES

Prior to May 19, 2015, the Institute leased its facility to various nonprofit and commercial tenants. The lease terms were from one to five years and provided for periodic escalation charges and contingent rent based on a percentage of excess gross revenues (as defined in respective agreements). The Institute did not receive contingent rent for the year ended September 30, 2015. On May 19, 2015, the Institute sold its building and assigned the leases to the new owners (see page 8).

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
(FORMERLY, INTERNATIONAL INSTITUTE OF BOSTON, INC.) AND AFFILIATE**

Notes to Combined Financial Statements
September 30, 2016 and 2015

4. INVESTMENTS

Investments, which are stated at fair value (see Note 1) in the accompanying statements of financial position, are as follows:

<u>2016</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 115,773	\$ -	\$ -	\$ 115,773
Mutual Funds	<u>6,998,707</u>	<u>-</u>	<u>-</u>	<u>6,998,707</u>
	<u>\$ 7,114,480</u>	<u>\$ -</u>	<u>\$ -</u>	7,114,480
Limited liability partnership (see below)				<u>1,014,577</u>
Total investments				<u>\$ 8,129,057</u>
<u>2015</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 3,643,575	\$ -	\$ -	\$ 3,643,575
Mutual Funds	<u>6,398,911</u>	<u>-</u>	<u>-</u>	<u>6,398,911</u>
Total investments	<u>\$ 10,042,486</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,042,486</u>

The Organization has adopted ASU 2015-07 (see page 9). The fair value amounts presented in the above table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the combined statements of financial position.

Investments are reported in the accompanying combined statements of financial position as current or long-term assets based on management's intent with respect to the use of the investments. As of September 30, 2016, all investments have been reported as long-term. At September 30, 2015, \$1,260,000 of investments were reported as current as management's intent was to use these funds to pay for the Federal and state income taxes related to the sale of its building (see page 8).

Net investment gains (losses) consist of:

	<u>2016</u>	<u>2015</u>
Interest and dividends	\$ 180,297	\$ 27,624
Unrealized gain (loss) on investments	621,613	(562,082)
Realized loss on investments	<u>(16,182)</u>	<u>-</u>
Net investment gain (loss)	<u>\$ 785,728</u>	<u>\$ (534,458)</u>

The investments are not insured and are subject to market fluctuation.

5. CONCENTRATIONS

The Organization maintains its cash balances with several banks. The Federal Deposit Insurance Corporation (FDIC) insures balances at each bank up to certain amounts. At certain times during the year, cash balances exceeded the insured amounts. The Organization has supplemental coverage at one bank, which insures the portion of deposits in excess of the FDIC's limit. The Organization has not experienced any losses in such accounts.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
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Notes to Combined Financial Statements
September 30, 2016 and 2015

5. CONCENTRATIONS (Continued)

Funding agencies and donors exceeding 10% of the Organization's operating revenue or accounts and grant receivable as of and for the years ended September 30, 2016 and 2015, are as follows:

<u>Funder</u>	<u>Operating Revenue and Support %</u>		<u>Grants, Contracts and Other Receivables %</u>	
	<u>2016</u>	<u>2015</u>	<u>2016</u>	<u>2015</u>
U.S. Committee for Refugees and Immigrants	42%	31%	41%	23%
Commonwealth of Massachusetts	24%	15%	32%	23%
State of New Hampshire	11%	8%	3%	4%

6. FUNDING

The Organization received approximately \$3,465,000 and \$3,170,000 of its funding from government agencies for the years ended September 30, 2016 and 2015, respectively, all of which are subject to audit by the specific government agency. In the opinion of management, the results of such audits, if any, will not have a material effect on the financial position of the Organization as of September 30, 2016 and 2015, or on the changes in its net assets for the years then ended.

7. LEASE AGREEMENTS

The Institute leases program and administrative space under various operating leases and tenant-at-will agreements. These leases expire at various dates through September 2018. The leases require the Institute to maintain certain insurance coverage and pay for its proportionate share of real estate taxes and operating expenses.

In August 2016, the Institute entered into an agreement to lease new administrative and program space in Boston, Massachusetts through October 2026. Initial monthly lease payments are \$38,788 and increase throughout the term of the lease. The Institute records rent on a straight-line basis over the term of the lease. The difference between the monthly lease payments and the related rent expense for a given year is recorded as deferred rent. The straight-line rent expense combines the escalation amounts and an initial three month rent free period. At September 30, 2016, deferred rent was \$84,648 and is included in deferred rent and lease incentive in the accompanying 2016 combined statement of financial position.

The lease agreement also included a tenant improvement allowance of \$1,107,822 in the form of a reimbursement for construction and related costs incurred by the Institute for leasehold improvements. The leasehold improvements were completed and the Institute occupied the space during the year ended September 30, 2016. This improvement allowance is reported as a liability and is being amortized over the lease term as a reduction in the rent expense. The improvement allowance is included in deferred rent and lease incentives in the accompanying 2016 combined statement of financial position. At September 30, 2016, \$94,500 of this improvement allowance is included in grants, contracts and other receivables in the accompanying 2016 combined statement of financial position. Amortization of the lease incentive was \$18,464 during the year ended September 30, 2016, and is included in rent and utilities in the accompanying 2016 combined statement of functional expenses.

**INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC.
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Notes to Combined Financial Statements
September 30, 2016 and 2015

7. LEASE AGREEMENTS (Continued)

In May 2015, the Institute sold its building (see page 8). As part of the sale agreement, the Institute entered into a one-year leaseback agreement with the new owner for certain space in the building. Monthly lease payments under the agreement were \$23,544. The Institute was responsible for certain operating costs as defined in the agreement. Rent paid for the year ended September 30, 2016, was \$178,479, which is included in rent and utilities in the accompanying combined statements of functional expenses.

As part of the leaseback agreement, the Institute was required to deposit \$500,000 in a rent holdback escrow account. This escrow deposit was refunded to the Institute in fiscal year 2016.

Rent expense under all leases was approximately \$389,000 and \$185,000 for the years ended September 30, 2016 and 2015, respectively.

Future minimum lease payments under the lease agreements for the next five years are as follows:

2017	\$ 477,104
2018	\$ 528,380
2019	\$ 488,939
2020	\$ 501,188
2021	\$ 513,437

8. RELATED PARTY TRANSACTIONS

The President and Chief Executive Officer (CEO) of the Institute is also a member of the Board of Directors. Compensation and employee benefits for services provided as the President and CEO are determined by the independent members of the Board of Directors and are based on performance objectives.

The Chief Financial Officer (CFO) of the Institute is also the Treasurer of the Organization. Compensation and employee benefits for services provided as the CFO are also determined by the independent members of the Board of Directors.

9. RECLASSIFICATIONS

Certain amounts in the fiscal year 2015 combined financial statements have been reclassified to conform with the fiscal year 2016 presentation.



International
Institute of
New England

BOARD OF DIRECTORS

Douglas Bailey, Director

Christine Brennan, Director

Zoltan Csimma, Board Chair

Jean Franchi, Director

Ginger Gregory, Director

Taeiss Haghghat, Director

Rushna Tejani Heneghan, Director

Julie Hogan, Director

Amy Hsuan, Director

Stephen Kasmouski, Director

William Krause, Director

Shari Loessberg, Director

Rita McDonough, Treasurer (non-voting)

Frederick Millham, Director

Deborah Shufrin, Director

David Sullivan, Director

Jeffrey Thielman, President and CEO (non-voting)

Michael Wyzga, Director

Puspa Man Joshi

SKILLS SUMMARY

- Worked with refugees for their medical appointments, referrals and interpretation service.
- Conducted health orientations. Attended health conferences and seminars.
- Worked with refugees from different countries (Bhutan, Iraq, Democratic Republic of Congo, and Sudan) to enroll their children into the schools and apply for public benefits such as welfare, fuel assistance, and social security card.
- Love to work with refugees and immigrants and enjoy helping them.
- Effective communicator with people from different countries.
- Taught high school Math and Science. High school administrator.
- Operated free Nepali language class for children of Nepali descendants.
- Contributor of articles to the newsletters and magazines published by Nepali diasporas in the US.
- Strong work ethic with exemplary attendance record.
- Knowledgeable in use of Microsoft Office Access, Word, Excel and Power Point.
- Nepali/English interpreter for Bhutani refugees and interpret a series of presentations for parents of school age children, topics related to social issues such as education, safety, renter's duties and elderly abuse.
- Completed medical interpreter training from Language Bank and has been working for it (per diem).
- I speak and write fluent Nepali, English and Newari (Degree), and speak fluent Chinese (Diploma). I also took some courses in Spanish and Russian.
- Coached the table tennis team at the Ohio State University as an assistant coach.

Health Services Coordinator (Full time since June 2014, Permanent)

June 2013-Present

International Institute of New England, Manchester

In addition to case management, my duties include:

- Providing health records of clients to the health care providers then get schedule for tuberculosis test, immunizations and complete physicals.
- Provide health orientations
- Taking clients to urgent care/emergency when or if needed.
- Attending health care related seminars
- Invite health care providers, pharmacy staff or medical institute staff to come to our institute to give presentations to our clients and staff.
- Providing Nepali language interpretation service to clients during appointments when no service was provided by the health care provider and during in house orientations as well.

Case Manager (Part time, Permanent)

Aug., 2011 – May 2013

International Institute of New Hampshire, Manchester

- Providing interpretation and translation services to Bhutani refugees whenever needed.
- Anchor agreement with US ties.
- 30 and 90 day home visits. Conducting home safety and community orientations.
- Helping clients to apply for welfare benefits, soc. sec. cards, fuel assistance and WIC.

Enrollment Coordinator (Part time, Temporary)

April, 2011 – July 2011

International Institute of New Hampshire, Manchester

- Enroll school age children
- Love to work with refugees and immigrants and enjoy helping them
- Teach literacy class.

Case Worker (Part time, Temporary)

Dec. 2009 – Mar. 2011

ABLE Network, Inc., Manchester, NH

Assisting case managers and coordinators at International Institute of New Hampshire in Manchester providing the following services to refugees:

- 30 and 90 day home visits. Conducting home safety and community orientations.
- Helping clients to apply for welfare benefits, soc. sec. cards, fuel assistance and WIC.
- Providing interpretation and translation services to Bhutani refugees whenever needed.
- School registration of children and the orientation of school placement to the parents.

Engineering Technician (Part time, Temporary)

May 2009 – Oct. 2009

Concord Engineering Group, P.A., Windham, NH

Traffic counts and data entry

Data Processor

March 2008 – July 2008

CitiBank, San Antonio, Texas

Data entry and scanning.

Senior Structural Engineer

June 2006 – Nov. 2007

South Texas Engineering, San Antonio, TX

Analyzed foundation design of track houses and inspected homes with structural problems.

Customer Service Representative, T&P (Part time)

May 2002 – May 2006

The Ohio State University, Columbus, Ohio

Cashier

EDUCATION**Ph.D., City and Regional Planning**

The Ohio State University.

Master of City and Regional Planning,

Department of Civil Engineering, OSU

M.S., Transportation Engineering

Department of Civil Engineering, OSU

B.E., Highway and Bridge Engineering

Tungchi University, Shanghai, China

B. Ed., Math and English

Institute of Education, Kirtipur Nepal

B.A., Math and Nepali language

Tribhuvan University, Nepal

TRAINING

Diploma in Chinese Language from Peking Language Institute

56 Hours Culture Smart Medical Interpreter Training

KEY ADMINISTRATIVE PERSONNEL
NH Department of Health and Human Services

Contractor Name: International Institute of New England, Inc.

Name of Contract: New Hampshire Refugee Health promotion Program (RFP-2018-OHE-02-REFUG)

BUDGET PERIOD: SFY 18 (9/1/17 to 6/30/18)				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Puspa Joshi	Coordinator, Health Services	\$33,510	53.42%	\$17,901.40
		\$0	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)				\$17,901.40

BUDGET PERIOD: SFY 19 (7/1/18 to 6/30/19)				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Puspa Joshi	Coordinator, Health Services	\$38,562	53.42%	\$20,600.00
		\$0	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)				\$20,600.00

BUDGET PERIOD: SFY 20 (7/1/19 to 6/30/20)				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Puspa Joshi	Coordinator, Health Services	\$38,562	53.42%	\$20,600.00
		\$0	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)				\$20,600.00

BUDGET PERIOD: SFY 21 (7/1/20 to 8/14/20)				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Puspa Joshi	Coordinator, Health Services	\$5,052	53.42%	\$2,698.60
		\$0	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)				\$2,698.60