

Christine Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (603) 271-3495 FAX (603) 271-1953

July 26, 2021

Frank Edelblut

Commissioner

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

## **REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NHED) to enter into a sole source amendment to an existing contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, by increasing the price limitation by \$500,000 from \$500,000 to \$1,000,000 and extending the end date from September 30, 2022 to September 30, 2024 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval. The original contract was approved by the Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), and amended on August 18, 2021 (Item #111). 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II), in FY23 and anticipated to be available in FY24 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	FY21-22	FY23	FY24	Total
06-56-56-562010-19590000-102-500731	\$500,000	\$250,000	\$250,000	\$1,000,000
Contract for Program Services				

### **EXPLANATION**

This request is **sole source** because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

His Excellency, Governor Christopher T. Sununu and the Honorable Council

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "Rekindling Curiosity: Every Kid Goes to Camp" or the "Program."

### Services:

In support of the above-described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

- 1. <u>Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:</u>
  - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
  - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
  - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
  - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.

### 2. Summer Camp Functional Support Staffs.

- a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
- b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
- c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.

### 3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp., CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

### **Other Program Elements:**

- 1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
- 2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.

His Excellency, Governor Christopher T. Sununu and the Honorable Council

- 3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
- 4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
- 5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,

Frank Edelblut Commissioner of Education

## AMENDMENT TO **PROFESSIONAL SERVICES CONTRACT**

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), and amended on August 18, 2021 (Item #111) hereby agree to modify same as follows:

- 1. Amend Section 1.7 Completion Date by removing September 30, 2022 and replacing with September 30,
- 2. Amend Section 1.8 to increase the amount of the contract by \$500,000, from \$500,000 to \$1,000,000.
- 3. Amend Exhibit C by replacing the current Exhibit C with Exhibit C-1.
- 4. All other provisions of this agreement shall remain in full force and effect as originally set forth; and 5. This amendment shall commence upon Governor and Council approval and shall terminate September 30,
- 6. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

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

THE STATE OF NEW HAMPSHIRE Department of Education (Agency)

Division of Commissigner's Office 31 By J 8/2/2022

Frank Edelblut, Commissioner of Education Date

New Hampshire Community Behavioral Health Association Name of Corporation (Contractor)

By: <u>Roland Lamy</u>, Executive Director Date

Approved as to form, substance and execution by the Attorney General this \_\_\_\_\_ day of August . 2022

Elizabeth & Br

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

By: \_\_\_\_\_

### EXHIBIT C - I Method of Payment

#### **Program Fees**

Description	Amount
Training, including 5% coordination of services fee	\$125,000
Functional Support Staff Services, including 5% coordination of services fee	\$600,000
High Needs Students, including 5% coordination of services fee	\$174,000
Mileage Reimbursement, at prevailing reimbursement rate	\$18,000
Marketing	\$23,000
Administration	\$60,000
Total	\$1,000,000

The CBHA may include a five percent (5%) coordination fee for Training, Functional Support Staff Services and High Needs Students support services. Such fee shall be inclusive of the above budget amounts.

Reporting: The CBHA shall provide an end of summer/program report detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

Billing Schedule: Fees for this program will be invoiced by the CBHA monthly to the NHDOE. Payment will be net 30 days.

Limitation on Price: Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract shall not exceed \$1,000,000.

**Source of Funding**: Funds to support this request are available in the account titled GEER II – CRRSA Act 2021, with the ability to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified, as follows:

	FY21-22	FY23	FY24	Total
06-56-56-562010-19590000-102-500731	\$500,000	\$250,000	\$250,000	\$1,000,000
Contract for Program Services				. ,

Payment will be subject to funds availability. In the event that funds are not available, NH DOE shall immediately notify CBHA. Invoices and reports shall be submitted to:

Jessica Lescarbeau, NH Department of Education 25 Hall Street, Concord, NH 03301 Jessica.1.lescarbeau@doe.nh.gov

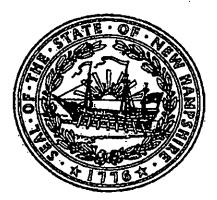
> Contractor Initials LPL Date 12

# 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 NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021 Certificate Number: 0004958720



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Scal of the State of New Hampshire, this 14th day of July A.D. 2020.

William M. Gardner Secretary of State

CERT	<b>IFICA</b>	TE OF	VOTE

I,	Margaret M. Pritchard	, do hereby certify that:						
	(Name of the Clerk of the Corporation, cannot be signatory)	)						
(1)	I am the duly elected clerk of <u>NH Community Behavi</u> (Corporation N							
(2)	The following are true copies of the resolutions duly adopte Corporation duly held on July 28, 2022 (datc)							
	RESOLVED: That this Corporation enter into a contract wind its Department of Education.	ith the State of New Hampshire, acting through						
	RESOLVED: That Roland Lamy, Executive Directo	RESOLVED: That Roland Lamy, Executive Director						
	(Name of Contract Signatory) (Title o	f Contract Signatory)						
	is hereby authorized on behalf of this Agency to enter into the documents, agreements and other instruments, and any ame he/she may deem necessary, desirable or appropriate.							
(3)	The foregoing resolution(s) have not been amended or revol <u>28<sup>th</sup></u> day of <u>July</u> , 20 <u>22</u> . (day, month, yr) (must be same date as the contract date)	ked, and remain in full force and effect as of the						
(4)	Roland Lamyis the duly electedExecutive Dire(name of contract signatory)(title of contract signatory)							

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_22\_.

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Margarit m/Actehard (Signature of Clerk of Corporation)

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Client#: 14	85395
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	7/08/2022

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Nashua NH 03060     Naurez E: Insurez F:       COVERAGES     CERTIFICATE NUMBER: 548470312     REVISION NUMBER: The POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUREN NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTAMDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT. OR OTHER DOCLINED NAMED ABOVE FOR THE POLICY PERIOD EXECUTIONOS OF SUCH PARTIAL, THE INSURANCE AFPCREDE BY THE FOLICIES DESCRIPTION THAT THE POLICIES OF NAME AFPCREDE BY THE FOLICIES DESCRIPTION THE RESULT TO ALL THE TERMS. ECICUTIONOS OF SUCH PARTIAL, THE INSURANCE AFPCREDE BY THE FOLICIES DESCRIPTION THE NOURAWN MAY HAVE BEEN RESULT TO ALL THE TERMS. ECICUTIONOS OF SUCH PARTIAL THE INSURANCE AFPCREDE BY THE FOLICIES DESCRIPTION THE NOURAWN MAY HAVE BEEN RESULT TO ALL THE TERMS. ECICUTIONOS OF SUCH PARTIAL THE INSURANCE AFPCREDE BY THE FOLICIES DESCRIPTION THE NOURAWN MAY HAVE BEEN RESULT TO ALL THE TERMS. ECICUTIONOS OF SUCH PARTIAL THE TERMS. ECICUTIONOS OF S	dba Greater Nashua Mental Health	1, 1110		INSURE	<u> </u>	Star Indemni	ty Co			
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COVERAGES         CERTIFICATE NUMBER: 848/0312         REVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LATION TO THE INSURED ADDITY THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER. DOCUMENT WITH RESPECT TO AUTICH. THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDE BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO AUTICH. THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID COLLIES DESCRIBED HEREIN IS SUBJECT TO AUTICH. THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID COLLIES. DESCRIBED HEREIN IS SUBJECT TO AUTICH. THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID COLLIES. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID COLLIES. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID COLLIES. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID COLLIES. CLAMIS-MADE         LAMITS           A         X         COMBRENCE         MADEON MONTH         LAMITS           A         X         COMBRENCE         \$2.000,000         EACH OCCURRENCE         \$2.000,000           B         AUTOBOOKIE LIABLITY         11/12/2021         11/12/2022         11/12/2022         \$2.000,000           B         AUTOBOOKIE LIABLITY         AUTOBOOKIE LIABLITY         \$3.000         \$3.000,000         \$3.000,000         \$3.000,000         \$3.000,000         \$3.000,000         \$3.000,000	Nashua NH 03060			INSURE	RE:					
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A       X       COMMERCIAL CABLITY         CLAIMS-MADE       X       OCCUR         COMMENT       S       S         A       X       COMMENT       S         A       X       COMMENT       S         A       X       COMMENT       S         A       X       COMMENT       S         A       X       UNBRELLA       S         A       X       UNBRELLA       S         A       X       UNBRELLA       S         A       X       UNBRELLA       S       OCCUR         A       X       UNBRELLA       S       OCCUR         A       X       UNBRELLA       S       S         A       X       UNBRELLA       S       S	INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY	EQUIREMEI PERTAIN, POLICIES,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY BEEN R	CONTRACT	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT	CT TO	WHICH THIS	
A       X       COMMERCIAL CABLITY         CLAIMS-MADE       X       OCCUR         COMMENT       S       S         A       X       COMMENT       S         A       X       COMMENT       S         A       X       COMMENT       S         A       X       COMMENT       S         A       X       UNBRELLA       S         A       X       UNBRELLA       S         A       X       UNBRELLA       S         A       X       UNBRELLA       S       OCCUR         A       X       UNBRELLA       S       OCCUR         A       X       UNBRELLA       S       S         A       X       UNBRELLA       S       S	LTR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT	8		
CLAINS-MADE       COCCUR       Image: Clains-MADE								\$ 2,000	,000	
GENT AGGREATE LIMIT APPLIES PER:       PERSONAL & ADV INJURY       \$2,000,000         GENT AGGREATE LIMIT APPLIES PER:       POLCY       JECT       LOC         OTHER:       11/12/2021       11/12/2021       S.OOD,000         B       AUTOHOBILE LLABILITY       11/12/2021       11/12/2021       S.OOD,000         ANY AUTO       SCHEDULED       AUTOS ONLY       S.OOD,000       BOOL YILLINY (Per person)       S.         ANY AUTO       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S.OOD,000       BOOL YILLINY (Per person)       S.         AVITOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S.OOD,000       BOOL YILLINY (Per person)       S.         A       X       UNDER LIALUA       X       OCCUR       S.OOD,000       BOOL YILLINY (Per person)       S.         A       X       UNDER LIALUA       X       OCCUR       S.OOD,000       BOOL YILLINY (PERSUMAN)       S.OOD,000         DED       X       RETENTON \$ 10,000       AUTOS ONLY       N.A       S.OOD,000       EL.CACH ACCEDENT       S.OOD,000         DED       X       RETENTON \$ 10,000,000       EL.DISEASE - RELOVEES \$ 1,000,000       EL.DISEASE - POLICY LIMIT       S 1,000,000         C       PRESENTON OF OPERATIONS / VENCLES (ACORD 191, Ad	CLAIMS-MADE X OCCUR							\$ 300,0	00	
GENT. AGGREGATE LIMIT APPLIES PER:       GENERAL AGGREGATE       \$ 2.000,000         B       AUTOMODIE LIMITTY       POLY       POLY       \$ 2.000,000         B       AUTOMODIE LIMITTY       11/12/2021       11/12/2022       COMBINED SINGLE LIMIT       \$ 1,000,000         B       AVY AUTO       SCHEDULED       AVY AUTO       BOOLY INJURY (Per parkon)       \$         MYRED       AVY AUTO       NOL-OWED       AUTOS ONLY       AUTOS ONLY       \$         ALTOS ONLY       AUTOS ONLY       AUTOS ONLY       BOOLY INJURY (Per parkon)       \$         MOLEXPRED       AUTOS ONLY       AUTOS ONLY       \$       \$         A       X       UNBERELIALIAB       CCUR       \$       \$         A       X       UNBERELIALIAB       CCUR       \$       \$         D       WORKERS COMPENSATION       \$       \$       \$       \$         AVTROORISTOR/RATINERSECTIVE Y       Y/N       N       N       \$       \$       \$         O       WORKERS COMPENSATION Scient       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$							MED EXP (Any one person)	\$ 5,000		
X       POLICY       PRODUCTS       COMPIOD AGG       \$ 2,000,000         OTHER:       S       S       S         B       AUTOMOBILE LUBITY       11/12/2021       11/12/2021       SCHEDULED SINCLE LUMT       \$ 1,000,000         OWNED       AUTOS       SCHEDULED       AUTOS       SCHEDULED       BODILY INJURY (Per person)       S         A       X       UNBRELLA LUS       X       OCCUR       S       S         DEO       X       RETENTON'S 10.000       S       S       S       O         D       WORKER SCOMERNATION       S       S       S       S       O         OFFICERMEMERCALUSED       LUBLITY       N / A       N / A       S       S       S       S       O         OFFICERMEMERCALUSED       LUBLITY       N / A       N / A       S       S       S       O       O       S       S       S       S       S       S	!									
Image: Contract in the image: Contrac										
B       AUTOMOBILE LUBILITY       11/12/2021       11/12/2021       11/12/2021       11/12/2021       11/12/2021         AVA WTO OUNRED HIRDSONLY       X       SCHEPULED AUTOS ONLY       X       SCHEPULED AUTOS ONLY       11/12/2021       11/12/2021       11/12/2022       BOOILY INJURY (Pri recodent) \$         A       X       UMBRELLA LUB KUTOS ONLY       X       OCCUR AUTOS ONLY       11/12/2021       11/12/2022       EACH OCCURRENCE       \$ 5,000,000         EXCESS LUB       CLAINS-MADE       11/12/2021       11/12/2022       11/12/2022       A X       PER SCHEPTON \$ 10,000         O       WORKERS COMERKAGNIN AND EMPLOYERY LUBBUTY       Y N       N / A       11/12/2021       11/12/2023       X       PER EL: EACH ACCIDENT       \$ 1,000,000         O       WORKERS COMERKAGNIN AND EMPLOYERY LUBBUTY       Y N       N / A       11/12/2021       11/12/2023       X       PER EL: EACH ACCIDENT       \$ 1,000,000         C       POSERTORY ON OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarka Schedule, may be stisched if more space is required)       \$ 5,000,000         CERTIFICATE HOLDER       CANCELLATION 10 days non-pay/30 days other       \$ 5,000,000       \$ 5,000,000         CERTIFICATE HOLDER       CANCELLATION 10 days non-pay/30 days other       \$ 5000,000       \$ 5,000,000       \$ 5,000,000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COMP/OP AGG</td> <td></td> <td>,000</td>							PRODUCTS - COMP/OP AGG		,000	
ANY AUTO       BODE Y INUURY (Per person)       5         OWNED       AUTOS ONLY       AUTOS       BODE Y INUURY (Per person)       5         BODE Y INUURY (Per person)       5       BODE Y INUURY (Per person)       5         A       X       UNERRELA LIAB       X       OCCUR       5         LAUTOS ONLY       AUTOS ONLY       NO+OWNED       5         A       X       UNERRELIA LIAB       X       OCCUR         EXCESS LIAB       CLAIMS-MADE       11/12/2021       11/12/2022       EACH OCCURRENCE       \$ 5,000,000         D       DED       X       RETENTION \$ 10,000       AOGREGATE       \$ 5,000,000         A       X       UNERRENEWSATION       N / A       11/12/2021       11/12/2023       X       SEATURE         AVPROPRETORPARTNERESCUTTVE       Y/N       N / A       11/12/2021       11/12/2023       X       SEATURE       \$ 1,000,000         EL, EACH ACCIDENT       N / A       N / A       11/12/2021       11/12/2023       X       SEATURE       \$ 5,000,000         C       Professional Liabity       N / A       N / A       11/12/2021       11/12/2022       Each Accident       \$ 5,000,000         C       Professional Liabity       N / A					11/10/0021	11/12/2022				
OWNED       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per ecclerit)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per ecclerit)       \$         A       X       UNBRELLA LIAB       X       OCCUR       II/1/12/2021       II/1/12/2022       EACH OCCURRENCE       \$ 5,000,000         D       WORKERS COMPENSATION       CLAINS-MADE       II/1/12/2021       II/1/12/2022       AGREGATE       \$ 5,000,000         D       WORKERS COMPENSATIONS / NORMERS AUTOR       Y/N       N/A       II/1/2/2021       II/1/2/2023       X       IPER       OTH         AMYPROPRIETOR/PARTNER/SECUTIVE (OFFICEMPARTNER/SECUTIVE (N)       Y/N       N/A       II/1/2/2021       II/1/2/2023       X       IPER       EL. EACH ACCIDENT       \$ 1,000,000         C       Cerces atlas       IN/A       II/1/2/2021       II/1/2/2022       II/1/1/2/2022       S 1,000,000       EL. DISEASE - POLICY LIMIT       \$ 1,000,000         C       Cerces atlas       II/1/2/2023       II/1/1/2/2022       II/1/1/2/2022       Each Calinity       \$ 5,000,000         C       Cerces atlas       II/1/2/2024       II/1/1/2/2022       II/1/1/2/2022       Each Calinity       \$ 5,000,000         C       De					11/12/2021	1 11 12/2022		(Ea accident) \$ 1,000,000		
ALTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       Fer acidenti)       \$         A       X       UNDRELLALLAB       X       OCCUR       CLAINS-MADE       11/12/2021       11/12/2022       EACH OCCURRENCE       \$ 5,000,000         D       DOED       X       RETENTION \$ 10,000       AGREGATE       \$ 5,000,000         D       WORKERS COMPENSATION       N/A       N/A       EEC       S       D         O       WORKERS COMPENSATION       N/A       N/A       EEC       EEC       S       D         O       WORKERS COMPENSATION       N/A       N/A       S       D       COMPRECIPARENT COMPARISON OF ADATORY       N/A         DESCRIPTION OF OFERATIONS / VENCLES (ACORD 101, Additional Remarka Schedule, may be stached if more space is required)       \$ 5,000,000       Each Claim       \$ 5,000,000         DESCRIPTION OF OPERATIONS / UDCATIONS / VENCLES (ACORD 101, Additional Remarka Schedule, may be stached if more space is required)       Workers Compensation coverage: NH; no excluded officers.       S 000,000         CERTIFICATE HOLDER       CANCELLATION 10 days non-pay/30 days other       S 000,000       S 000,000									<u></u>	
A       X       UNDERELLA LUB       X       OCCUR       11/12/2021       11/12/2021       11/12/2022       EACH OCCURRENCE       \$ 5,000,000         A       X       UNDERELLA LUB       X       OCCUR       CLAIMS-MADE       11/12/2021       11/12/2022       EACH OCCURRENCE       \$ 5,000,000         D       DED       X       RETENTION \$ 10,000       Y       X       PER       \$ 5,000,000         D       WORKERS COMPENSATION       N/AD EMPLOYERS LLABLUTY       Y/N       N/A       \$ 1/1/2023       X       PER       \$ 1,000,000         D       WORKERS COMPENSATION       N/AD EMPLOYERS LLABLUTY       Y/N       N/A       \$ 1/1/2023       X       PER       \$ 1,000,000         DESCRIPTION OF OPERATIONS below       V/N       N/A       I/1/12/2021       11/12/2021       EL. DISEASE - POLICY LIMIT       \$ 1,000,000         C       Prohesional Libbity       S 5,000,000       S 5,000,000       \$ 5,000,000       \$ 5,000,000         C       Prohesional Libbity       S 5,000,000       \$ 5,000,000       \$ 5,000,000       \$ 5,000,000       \$ 5,000,000         C       Prohesional Libbity       S 5,000,000       \$ 5,000,000       \$ 5,000,000       \$ 5,000,000       \$ 5,000,000       \$ 5,000,000       \$ 5,000,000 <td>HIRED NON-OWNED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PROPERTY DAMAGE</td> <td>-</td> <td></td>	HIRED NON-OWNED						PROPERTY DAMAGE	-		
EXCESS LIAB       CLAIMS-MADE         DEO       X       RETENTION \$ 10.000.         AGGREGATE       \$ 5,000,000         AGGREGATE       \$ 1,000,000         CENTRESIDER PARTNERPEXECUTIVE       Y/N         N/A       N/A         MYPROPRIETOR/PARTNERPEXECUTIVE       N/A         MYPROPRIETOR/PARTNERPEXECUTIVE       Y/N         N/A       N/A         DESCRIPTION OF OPERATIONS below       EL. DISEASE - POLICY LIMIT         Calms Made       \$ 11/12/2021         Ratio Date:       11/12/2022         DESCRIPTION OF OPERATIONS / VENICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is regulred)         Workers Compensation coverage:       NH; no excluded officers.								\$		
EXCESS LIAB       CLAIMS-MADE         DED       X       RETENTION \$ 10.000.         D       WORKERS COMPENSATION         AND EMPLOYERS LIABULTY       Y/N         ANYPROPRIETOR/PARTNER/EXECUTIVE       Y/N         N/A       N/A         DESCRIPTION OF OPERATIONS below       1/1/2022         C       Processional Liability         Claims Made       11/1/2/2021         C       Processional Liability         Claims Made       11/1/2/2021         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Workers Compensation Coverage: NH; no excluded officers.	A X UMBRELLA LIAB X OCCUR				11/12/2021	11/12/2022	EACH OCCURRENCE	\$ 5,000	.000	
D       WORKERS COMPRISATION       VILUALITY       VIN         AND EMPLOYERS' LLABILITY       Y/N       N/A         AND EMPLOYERS' LLABILITY       Y/N       N/A         AND FERS COMPARTINER/EXECUTIVE       N       N/A         OFFICER/MEMBER EXCLUDED?       N       N/A         If yes, describe under       EL. EACH ACCIDENT       \$1,000,000         EL. DISEASE - EA EMPLOYEE \$1,000,000       EL. DISEASE - POLICY LIMIT       \$1,000,000         C       Professional Liability Claims Made Retro Date: 11/12/1985       \$5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VENICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       \$5,000,000         Vorkers Compensation coverage: NH; no excluded officers.       CANCELLATION 10 days non-pay/30 days other         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							AGGREGATE	\$ 5,000	.000	
AND EMPLOYERS' LUBLITY YN N/A AND PARTNER/EXECUTIVE N N/A If yes, describe under DESCRIPTION OF OPERATIONS below C C Compensation Coverage: NH; no excluded officers. DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be strached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be strached if more space is required) Workers Compensation coverage: NH; no excluded officers. CERTIFICATE HOLDER CERTIFICATE HOLDER CANCELLATION 10 days non-pay/30 days other SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	DED X RETENTION \$ 10 000	1						\$		
ANYPROPRIETOR/PARTNERVEXCUTIVE       I/I       N / A         OFFICER/MEMBER EXCLUDED?       N / A         If yes, describe under       E.L. DISEASE - EA EMPLOYEE       \$ 1,000,000         E.L. DISEASE - EA EMPLOYEE       \$ 1,000,000         C       Consistent under       E.L. DISEASE - POLICY LIMIT       \$ 1,000,000         C       Professional Liability Consistent under       \$ 1,000,000       E.L. DISEASE - POLICY LIMIT       \$ 1,000,000         C       Professional Liability Retro Date: 11/12/1988       11/12/2021       11/12/2022       Each Claim Aggregate       \$ 5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be stached if more space is required)       \$ 5,000,000         Workers       Compensation coverage: NH; no excluded officers.       -         C       CERTIFICATE HOLDER       CANCELLATION 10 days non-pay/30 days other         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	AND EMPLOYERS' LIAR! ITY				1/1/2022	1/1/2023	X PER OTH- STATUTE ER			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below       E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000         C       C Professional Liability Retro Date: 11/12/1986       11/12/2021       11/12/2022       Each Claim Aggregate       \$5,000,000 \$5,000,000         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be sttached if more space is required)       \$5,000,000         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be sttached if more space is required)       \$5,000,000         CERTIFICATE HOLDER       CANCELLATION 10 days non-pay/30 days other         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000	,000	
DESCRIPTION OF OPERATIONS below       E.L. DISEASE - POLICY LIMIT \$ 1,000,000         C       Professional Liability Claims Made Retro Date: 11/12/1985       11/12/2021       11/12/2022       Each Claim Aggregate       \$5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)       \$5,000,000       \$5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)       \$5,000,000         Workers Compensation coverage: NH; no excluded officers.       -         CERTIFICATE HOLDER       CANCELLATION 10 days non-pay/30 days other         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000	
Claims Made       Aggregate       \$5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Workers Compensation coverage: NH; no excluded officers.         CERTIFICATE HOLDER       CANCELLATION 10 days non-pay/30 days other         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	DESCRIPTION OF OPERATIONS below									
Workers Compensation coverage: NH; no excluded officers.         CERTIFICATE HOLDER         CANCELLATION 10 days non-pay/30 days other         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	Claims Made				11/12/2021	11/12/2022				
Workers Compensation coverage: NH; no excluded officers.         CERTIFICATE HOLDER         CANCELLATION 10 days non-pay/30 days other         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					attached M			. <u> </u>		
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	CERTIFICATE HOLDER			CANC	ELLATION	10 days non-	pay/30 days other			
	•									
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				THE	EXPIRATION	DATE THE	EREOF, NOTICE WILL E			
Department of Education 25 Hall Street	Department of Education 25 Hall Street			<u> </u>						
Concord NH 03301 AUTHORIZED REPRESENTATIVE										
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C B R	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.								
	SUBROGATION IS WAIVED, subject to the terms and conditions of the po his certificate does not confer rights to the certificate holder in lieu of such		•	may require	an endorsement. A state	ement	on		
PRO	OUCER	CONTAC	T Sarah Cul	len, AINS, AC	SR				
Сго	ss Insurance-Laconia	PHONE	(603) 52	24-2425	FAX	(603) 5	524-3686		
155	Court Street	(A/C. No. E-MAIL	earah cull	en@crossager	(A/C, No);				
		ADORES	ia;	•••					
Lac	onia NH 03246	INSURE	A	SURER(S) AFFOR	DING COVERAGE		NAJC #		
INSU	IRED	INSURE		perty & Casua	Ity Ins Co				
	Lakes Region Mental Health Center, Inc.	INSURES	Mauri Haa	npshire Emplo	vers Ins Co		13083		
	40 Beacon Street East	INSURE	<u>.</u> .		•				
		INSURE							
	Laconia , NH 03248	INSURE							
CO	VERAGES CERTIFICATE NUMBER: CL226180000	9	· ·		REVISION NUMBER:				
П	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUR			IOD			
C	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY I ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN	E POLICI	ES DESCRIBED	HEREIN IS S					
insr Ltr	TYPE OF INSURANCE INSU POLICY NUMBER	}	POLICY EFF	POLICY EXP	LIMITI	5			
-			1	here and the second sec	EACH OCCURRENCE	1,00	0,000		
		ŀ	、		DAMAGE TO RENTED	250,			
					PREMISES (Es occurrence)	, 25,0			
A			06/26/2022	06/28/2023	MED EXP (Any one person)		00,000		
				04102020	PERSONAL & ADV INJURY	\$ 1,00 \$ 3,00			
	GEN'L AGGREGATE LIMIT APPUES PER:				GENERALAGGREGATE	-			
					PRODUCTS - COMPIOP AGG \$ 3,000.0				
	OTHER:				Employee Benefits Liab s 1,000,000				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 2,00	0,000		
					BODILY INJURY (Per person)	\$			
A	OWNED SCHEDULED AUTOS		06/26/2022	06/26/2023	26/2023 BODILY INJURY (Per accident) \$				
	HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$			
					Medical payments	s 1,00	0		
					EACH OCCURRENCE	s 4,00	0,000		
в	EXCESS LIAB CLAIMS-MADE		06/26/2022	06/26/2023	AGGREGATE	\$ 4,00	0,000		
	DED RETENTION \$								
	WORKERS COMPENSATION					-			
~	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	. 1,00	0,000		
С	(Mandatory in NH)		08/26/2022	06/28/2023	E.L. DISEASE - EA EMPLOYEE		0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below	′	•			1,00			
	DESCRIPTION OF OPERATIONS DOW				E.L. DISEASE - POLICY LIMIT Per incident		00,000		
A	Professional Liability		06/26/2022	06/26/2023	Aggregate		00.000		
		- 1		00101010	Nggi ogaw	Ψr <sub>1</sub> ψ	00,000		
DES	I J CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule,	mey be eff	inched if more an	ace is required)					
CEF	RTIFICATE HOLDER	CANC	ELLATION						
					SCRIBED POLICIES BE CAN NOTICE WILL BE DELIVER		BEFORE		
	Department of Education				PROVISIONS.	111			
	25 Hall Street								
		AUTHORIZED REPRESENTATIVE							
	1								

Concord

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NH 03301



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2021

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 point of SUBROGATION IS WAIVED, subject to the terms and conditions of the point this certificate does not confer rights to the certificate holder in lieu of su	olicy, certain policies	DITIONAL IN a may require	SURED provisions or be an endorsement. A stat	endon ement (	sed. on			
This certificate does not confer rights to the certificate holder in lieu of su PRODUCER	CONTACT Datricia L	eBianc						
Brown & Brown of New Hampshire	PHONE (803) 4	24-9901	FAX	(866) (	348-1223			
309 Daniel Webster Highway	AC. NO. EXU:	eblanc@Bbrow	(A/C, No):	17				
					NAIC #			
Merrimack NH 03054	INSURER A : Philadel		Insurance Company		18058 42376			
Monadnock Family Services	MOVIER D.	syy mouranes .	company; mo.		42070			
64 Main Street	INSURER C :							
Suite 210	INSURER E :							
Keene NH 03431	INSURER F :							
COVERAGES CERTIFICATE NUMBER: 21-22			REVISION NUMBER:	•				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY T EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEE	Y CONTRACT OR OTHER HE POLICIES DESCRIBE EN REDUCED BY PAID CI	R DOCUMENT \ D HEREIN IS S LAIMS.	WITH RESPECT TO WHICH T	HIS				
INSR ADDLISUBR ADDLISUBR	POLICY EFF (MM/DO/YYYY)	POLICY EXP	LIMIT	8				
			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (En occurrence)	s 1,00				
			MED EXP (Any one person)	s 5,00	0			
	09/01/2021	09/01/2022	PERSONAL & ADV INJURY	<b>1</b> ,00	0,000			
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	3,000,000				
			PRODUCTS - COMP/OP AGG	<b>\$</b> 3,00	0,000			
OTHER:				\$				
			COMBINED SINGLE LIMIT (Es accident)	s 1,00	0,000			
			BODILY INJURY (Per person)	\$				
A OWNED SCHEDULED AUTOS	09/01/2021	09/01/2022	BODILY INJURY (Per accident)	\$				
			PROPERTY DAMAGE (Per accident)	8	-			
			Medical payments	\$ 5,00	-			
	00040004	00/04/00000	EACH OCCURRENCE	•	0,000			
A EXCESS LIAB CLAIMS-MADE	09/01/2021	09/01/2022	AGGREGATE	\$ 2,00	0,000			
DED CRETENTION \$ 10,000				s 3A Sta	te NH			
AND EMPLOYERS' LIABILITY Y / N				. 500.				
B ANY PROPRIETOR/PARTNER/EXECUTIVE N/A	09/01/2021	09/01/2022	E.L. EACH ACCIDENT	s 500,				
(Mandatory in NH) If yes, describe under DESCRIPTION DE OPERATIONS balance			E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 500,				
DESCRIPTION OF OPERATIONS below			Each Incident		00,000			
A Professional Liability	09/01/2021	09/01/2022	Aggregate	\$3,0	00,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedul Cyber coverage Limit \$1,000,000, \$5,000 deductible	e, may be attached if more aj	pace is required)						
CERTIFICATE HOLDER	CANCELLATION	· · · ·						
NH Department of Education 25 Hall Street		DATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		) BEFORE			
· Concord NH 03301			eBernin					
	_I	¥	ACORD CORPORATION.	All rig	hts reserved.			

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DATE (MM/DD/YYYY) 08/17/2022

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CI BI RI	IIS CERTIFICATE IS ISSUED AS A MAT ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSUR EPRESENTATIVE OR PRODUCER, ANI	LY OI ANCE D THE	R NE	GATIVELY AMEND, EXTER S NOT CONSTITUTE A CO RTIFICATE HOLDER.	ND OR / ONTRA	ALTER THE C CT BETWEEI	OVERAGE A	AFFORDED BY THE POLI NG INSURER(S), AUTHOI	CIES RIZED	
lf	PORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to	the f	terms	and conditions of the po	licy, ce	rtain policies				
th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such						
PROD	NCER				CONTAC NAME:	Teri Davis				
CGI	Insurance, Inc.				PHONE (A/C, Ng E-MAIL	(877) 56	32-8954	FAX (A/C, No):	(866) 5	574-2443
5 Da	rtmouth Drive				E-MAIL ADDRES	ss: TDavis@C	GIBusinessIn	isurance.com		
Aub	.um ,			NH 03032		Obiledale	URER(S) AFFOR			NAIC #
INSU	· · · · · · · · · · · · · · · · · · ·				INSURE	Dhiledele	hia Indemnity			
INOU	The Mental Health Center of Gro	antor i	Manch	haetar Inc	INSURE	A 1 84 84				
	401 Cypress Street		19102110-1	100101, 1110.	INSURE	KU.				
	401 Cypress Sueer				INSURE					
	Manahastas			NH 03103-3628	INSURE					
	Manchester				INSURE	RF:				
				NUMBER: 22-23 Master	1001150			REVISION NUMBER:	00	
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI RTIFICATE MAY BE ISSUED OR MAY PERT/ ICLUSIONS AND CONDITIONS OF SUCH PO	REME	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA	CT OR OTHER	DOCUMENT	WITH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	
L17		111120						EACH OCCURRENCE	s 1,00	0,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$</b> 100,	
	Professional Liability \$2M Agg	ŀ						MED EXP (Any one person)	s 5,00	
Α		ł				04/01/2022	04/01/2023	PERSONAL & ADV INJURY	•	0,000
	GEN'L AGGREGATE UMIT APPLIES PER:		ļ					GENERAL AGGREGATE	<b>\$</b> 3,00	0,000
								PRODUCTS - COMP/OP AGG	•	0,000
	OTHER:							Sexual/Physical Abuse or	\$ 1,00	0,000
	AUTOMOBILE LIABILITY		I					(Es accident)	\$ 1,00	0,000
								BODILY INJURY (Per person)	\$	
в	AUTOS ONLY SCHEDULED					04/01/2022	04/01/2023	BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$.	
					•			Hired/borrowed	\$ 1,00	-
								EACH OCCURRENCE	<b>.</b>	00,000
в	EXCESS LIAB CLAIMS-MADE					04/01/2022	04/01/2023	AGGREGATE	s 10,0	000,000
	DED RETENTION \$ 10,000								\$	
								X PER OTH- STATUTE ER		
с	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				09/12/2021	09/12/2022	E.L. EACH ACCIDENT	\$ 500,	
	(Mendatory in NH)				•			E.L. DISEASE - EA EMPLOYEE	s 500	.000
	If yes, describe under DESCRIPTION OF OPERATIONS below						-	E.L. DISEASE - POLICY LIMIT	s 500	,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI									
	kers Comp 3A State: NH, MA & VT Suppler									
	chester Mental Health Services, Inc., Manc Mindful Wellness, North End Counseling, I									
				•						
ÇEF				· · ·	<u>LANC</u>	ELLATION		<u> </u>		
	Department of Education				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		DBEFORE
	25 Hall St		٠		AUTHO		TATIVE			· · ·
								- · · · ·		
	Concord			• NH 03301			-	Dal NLL		
	I				•		D 1988-2015	ACORD CORPORATION.	All rig	hts reserved.

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	Client	#: 10108	336		NORT	гнним		
•	ACORD <sub>11</sub> CERT	IFIC/	ATE OF LIAB	LITY INSU	URAN	CE	6/20/2022	
C - E - F	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATIV ELOW. THIS CERTIFICATE OF INSUR EPRESENTATIVE OR PRODUCER, A	ELY OR I	NEGATIVELY AMEND, EX DES NOT CONSTITUTE A CERTIFICATE HOLDER.	TEND OR ALTER T	HE COVERA EEN THE ISS	GE AFFORDED BY TH SUING INSURER(S), AU	E POLIC THORIZ	IES ED
H	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject his certificate does not confer any rig	to the ter	ms and conditions of the p	oolicy, certain polic f such endorseme	ies may requ			
	OUCER				e A Skehar			
	I Insurance Services LLC ixecutive Park Drive, Suite 300			PHONE (A/C, No, Ext): 855 87		AVC, No	):	<u> </u>
1	dford, NH 03110			ADDRESS: Christin	e.Skehan@			. <u> </u>
	5 874-0123			INSURER A : Philadel;		FORDING COVERAGE		NAIC #
INS	IRED	<u>-</u>		INSURER B :	pina misurane	a company		52204
	Northern Human Services	, Inc.		INSURER C :				
	87 Washington Street		ĺ	INSURER D :	•• •			
	Conway, NH 03818-6044		ĺ	INSURER E :				
L				INSURER F :				
_	VERAGES CER		ENUMBER:	E REEN ISSUED TO		REVISION NUMBER:		Y 959100
U C E	IDICATED, NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN ERTAIN, POLICIES	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED 3. LIMITS SHOWN MAY HAV	ANY CONTRACT OF BY THE POLICIES BEEN REDUCED I	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	то wh	ICH THIS
LTR		ADDL SUBA	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DO/YYYY)	LfMi	тз	
A				03/31/2022	03/31/2023	EACH OCCURRENCE	\$1,00	
	CLAIMS-MADE X OCCUR	1			•	PREMISES (Ea occurrence)	\$100,	
	┝─-╏──────					MED EXP (Any one person)	s 5,00 s 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$3,00	
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG		
							\$	
A				03/31/2022	03/31/2023	COMBINED SINGLE LIMIT (Ea accident)	ş1,00	0,000
	X ANY AUTO					BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident PROPERTY DAMAGE	) S S	
						(Per accident)	3 5	
A	X UMBRELLA LIAB X OCCUR			03/31/2022	03/31/2023	EACH OCCURRENCE		00,000
	EXCESS LIAB CLAIMS-MADE				00/01/2020	AGGREGATE		00,000
	DED X RETENTION \$10000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH STATUTE ER	•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYE	1	
	DESCRIPTION OF OPERATIONS below Healthcare Prof			03/31/2022	03/31/2023	E.L. DISEASE - POLICY LIMIT \$1,000,000/\$3,0000		
Â	Physician Prof					\$1,000,000/\$3,0000		
Ev All Ph	спртом оf орегатномs / Locations / vehic dence of Insurance. ed Health staff share in the limits ysicians have their own separate urance.	of Insu	rance of the Entity.	•				
CE	RTIFICATE HOLDER			CANCELLATION				
	New Hampshire Departn Education 25 Hall St.	ient of		THE EXPIRATION	I DATE THE	SCRIBED POLICIES BE C REOF, NOTICE WILL I LICY PROVISIONS.		
	Concord, NH 03301			AUTHORIZED REPRESE				
L	i.				<u>×</u>	ORD CORPORATION.	All right	ts reserved.

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	Clien	±#• 10	1083	36			NORT	гнним			
									Г	DATE (M	1M/00/1111)
-		ירוק	GA			TING	URAN			6/20	/2022
	IS CERTIFICATE IS ISSUED AS A M RTIFICATE DOES NOT AFFIRMATIN										
	LOW. THIS CERTIFICATE OF INSUF				CONT	RACT BETW	EEN THE ISS	UING INSURER(S)	AUT	HORIZ	ED.
lf	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject s certificate does not confer any rig	to the	term	ns and conditions of the	oolicy,	certain polic	cies may requ				
	UCER	115 10	une u			CT Christin					
USI	Insurance Services LLC					p, Ext): 855 87		FAJ	( , No):		· · ·
3 E:	ecutive Park Drive, Suite 300				E-MAIL	Chalada	e.Skehan@		<u>, noj.</u>		
	ford, NH 03110	•				<u> </u>		FORDING COVERAGE			NAIC #
855	874-0123				INSURE	RA: Philadel	phia Insuranc	e Company			32204
INSU	Northern Human Services	Inc			INSURE	RB: NH Emp	loyers Insura	nce Company			13083
	87 Washington Street	,			MSURE	RC:					
	Conway, NH 03818-6044				INSURE						
					INSURE						<u> </u>
<u></u>	ERAGES CER	TIELC	ATE	NUMBER:	INSURE	RF:		REVISION NUMBER			
TH INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	of 1 Quire Pertai	NSUR MENT	ANCE LISTED BELOW HAV T, TERM OR CONDITION OF THE INSURANCE AFFORDED	FANY DBYT	CONTRACT OF	THE INSURED R OTHER DO DESCRIBED I	NAMED ABOVE FOR CUMENT WITH RESP HEREIN IS SUBJECT	R THE	TO WH	ICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	5	
	COMMERCIAL GENERAL LIABILITY			· · · · · · · · · · · · · · · · · · ·				EACH OCCURRENCE		\$	
								DAMAGE TO RENTED PREMISES (Ea occurrent	<b>xe)</b>	5	
[								MED EXP (Any one perso	n)	\$	
			[					PERSONAL & ADV INJU	₹Y	5	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	
								PRODUCTS - COMP/OP	AGG	\$	
	OTHER:						·	COMPINED SINCLE LIM	<b>-</b>	\$	
								COMBINED SINGLE LIMI (Ea accident)		\$	
	ANY AUTO							BODILY INJURY (Per per	,	5	
							•	BODILY INJURY (Per ecc PROPERTY DAMAGE	конти)	• \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		3 5	
	UMBRELLA LIAB OCCUR			'				EACH OCCURRENCE		\$10.0	00,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					09/30/2021	09/30/2022	X STATUTE	OTH- ER		
		NIA						E.L. EACH ACCIDENT		<u>\$500,</u>	
	(Mandatory In NH)							E.L. DISEASE - EA EMPL	OYEE		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY I	,IMIT	s500,	000
				•							
							·				<u></u>
	RIPTION OF OPERATIONS / LOCATIONS / VEHI longo	LES (A	CORD	101, Additional Remarks Schedu	ile, may	be attached if mo	ore space is requ	ired)			
	lence lence of Insurance.										
- ¥ 19	ining vi madianta.										

CERTIFICATE HOLDER	CANCELLATION							
New Hampshire Department of Education 25 Hall St.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Concord, NH 03301	AUTHORIZED REPRESENTATIVE							
	See Mort							

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	A <i>CORD</i> <sub>™</sub> CERTI	<b>FICA</b>	TE OF LIAB	ILITY INS	URAN	CE		M00/111
C 8	HIS CERTIFICATE IS ISSUED AS A MA ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSUR/ EPRESENTATIVE OR PRODUCER, AN	ELY OR N	EGATIVELY AMEND, EX	TEND OR ALTER T	HE COVERA	GE AFFORDED BY TH	E POLIC	IES
If	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to ils certificate does not confer any right	o the term	ns and conditions of the	policy, certain polic	cies may requ			
	DUCER				aeger, CIC			
US	Insurance Services LLC			PHONE (A/C, No, Ext): 855 87		FAX (A/C, No		
3 E	xecutive Park Drive, Suite 300			E-MAIL ADDRESS; linda.jac	aer@usi.co		<u>,</u>	
Be	lford, NH 03110			ADDRESS;		FORDING COVERAGE		NAIC #
855	874-0123			INSURER A ; Philadel				18058
INSL	RED					are & Human Svc WC		NONAIC
1	Riverbend Community Mer	ntal Heal	Ith Inc.	INSURER C :				
	278 Pleasant Street			INSURER D ;				, 
	Concord, NH 03301			INSURER E :	1			
				INSURER F :				· · ·
CO	VERAGES CERT	IFICATE	NUMBER:	INSUREN F		REVISION NUMBER:		
-	IS IS TO CERTIFY THAT THE POLICIES			E BEEN ISSUED TO			E POLIC	Y PERIOD
CI E	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE KCLUSIONS AND CONDITIONS OF SUCH	ertain, 1 Policies	THE INSURANCE AFFORDED , LIMITS SHOWN MAY HAV	D BY THE POLICIES	DESCRIBED I BY PAID CLAI	HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS	
Α	X COMMERCIAL GENERAL LIABILITY			10/01/2021	10/01/2022	EACH OCCURRENCE	\$1,00	0,000
	CLAIMS-MADE X OCCUR	<b>'</b>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	000
						MED EXP (Any one person)	\$ 5,00	0
						PERSONAL & ADV INJURY	\$1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,00	0,000
	POLICY JECT X LOC					PRODUCTS - COMP/OP AGG	\$3,00	0,000
	OTHER:						S	
A	AUTOMOBILE LIABILITY			10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000
	X ANY AUTO	- I •				BODILY INJURY (Per person)	5	
	AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident	) <b>S</b>	
	X HIRED AUTOS ONLY X AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	X UMBRELLA LIAB X OCCUR			10/01/2021	10/01/2022	EACH OCCURRENCE	\$10,0	00,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,0	00,000
	DED X RETENTION \$\$10K	l					5	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01/01/2022	01/01/2023	X PER OTH	4	
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	(Mandatory In NH)					E.L. DISEASE - EA EMPLOYE	E \$1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,00	0,000
A	Professional			10/01/2021	10/01/2022	\$1,000,000 Ea. Incl	dent	
	Liability	'				\$3,000,000 Aggreg	ate	
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	Department of Education 25 Hall Street			THE EXPIRATION	DATE THE	SCRIBED POLICIES BE C REOF, NOTICE WILL LICY PROVISIONS.		
1	Concord, NH 03301					<u>.                                </u>	··	
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**RIVERCOM12** 

Client#: 1364844



DATE (MM/DD/YYYY) 6/22/2022

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	DUCER		Cert		CONTA		ŀ			
	d C. Church Insurance				NAME: PHONE	070 46	0 4005	FAX (A/C, No);	070 45	4 4965
	Weilman Street					ss: jnorton@			8/0-40	4-1000
	well MA 01851				ADORE					
								IDING COVERAGE		NAIC# 18058
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	rtsmouth NH 03801				INSURE					
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			"					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00
								MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	,000
				•				PRODUCTS - COMP/OP AGG	\$ 3,000	,000
	OTHER:								\$	
A	AUTOMOBILE LIABILITY					3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	.000
	X ANY AUTO	1						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X Comp \$1,000 X Coll \$1,000								\$	
A	X UMBRELLA LIAB X OCCUR					3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 5,000	000
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8	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					1/1/2022	1/1/2023	X PER OTH-		
		N/A						E.L. EACH ACCIDENT	\$ 1,000	000
	(Mandatory in NK)							E.L. DISEASE - EA EMPLOYEE	\$ 1,000	000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	
A	Professional Liability					3/1/2022	3/1/2023	\$1,000,000 \$3,000,000		ccurrence Aggregate
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	Concord NH 03301					RIZED REPRESE				
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DATE (MM/DD/YYYY) 07/29/2022

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	is certificate does not confer rights							require an endorsemen	L A 5(	aremetir ou
	DUCER				CONTA		<i>.</i>	• •		
	MARSH USA, INC.				NAME: PHONE			FAX (A/C, No):		
	99 HIGH STREET BOSTON, MA 02110				E-MAIL			[ {A/C, No}:		
	Attn: Boston.certrequest@Marsh.com				ADDRE					
Child	1210E462 anus 21 22									NAIC # 10328
INSU	02105463gaup-21-22				1	ER A : Capitol Spe	cialty insurance	Corporation		10520
	West Central Services, Inc				INSURE					
	dba West Central Behavloral Health 85 Mechanic St., Sulte C2-1 Box A-10				INSURE					
	Lebanon, NH 03766				INSURE	RD:				
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	HIRED AUTOS							PROPERTY DAMAGE	\$	<u> </u>
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$.	
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								EACH OCCURRENCE	\$	
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	DED RETENTION \$							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y / N									
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
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_	Department of Education									
	25 Hall Street							ESCRIBED POLICIES BE CA REOF, NOTICE WILL E		
	Concord, NH 03301							Y PROVISIONS.		ATERED IN
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ACORD 25 (2016/03)

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DATE (MM/00/YYYY)

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IMPORTANT: If the certificate holder is the terms and conditions of the policy,	an AD certai	DITI n pol	ONAL INSURED, the polic	• • •			· · · · · ·	
certificate holder in lieu of such endors	emen	ųs).						
PRODUCER				NAME: PHONE	" Colin Q	uirk	FAX	
Hays Companies, Inc.	•			A/C. No	. Ext):		(A/C, No):	
980 Washington Street				ADORES	s; Colin.Q	uirkebbrow	n.com	
Suite 325					INS	URER(S) AFFOR	DING COVERAGE	NAIC #
Dedham MA 02	26			INSURE	RA: Technol	Logy Insur	ance Company, Inc.	42376
INSURED West Central Services,	Inc			INSURE	R 18 :			
				INSURE				
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85 Mechanic Street, Suite C2-1,	Box	<b>. A-</b> 1	10				····	
Lebanon NH 03				INSURE				
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OTHER:							5	
AUTOMOBILE LIABILITY '							COMBINED SINGLE LIMIT S	
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HIRED AUTOS							(Per accident)	
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	N/A						E.L. EACH ACCIDENT \$	500,000
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If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,000
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							SCRIBED POLICIES BE CANCELLE	D BEFORE
Department of Education							F, NOTICE WILL BE DELIVERED IN ( PROVISIONS.	
25 Hall Street								
Concord, NH 03301				AUTWOR				
				AUTHOR	ULED REPRESE			
				James	Hays/CEM	ITC	Ann	
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					@ 19	88-2014 AC	ORD CORPORATION. All rig	hts reserved

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Frank Edelblut Commissioner Christi ne Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (603) 271-3495 FAX (603) 271-1953

July 25, 2021

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

#### **REQUESTED ACTION**

Authorize the Department of Education (Department) to amend an existing contract with the New Hampshire Community Behavioral Health Association (CBHA), Concord, NH, (Vendor Code #355870), by extending the end date from September 30, 2021 to September 30, 2022, and to broaden the scope of services to allow the CBHA mental health training program in non-Rekindling Curiosity Program camp settings including trainings for educators, with no increase to the contract price, effective upon Governor and Counsel approval. The original item was approved by the Governor on June 2, 2021, 100% Federal Funds.

#### EXPLANATION

As the CBHA has rolled out its mental health training program to New Hampshire camps, they have received outreach from non-Program camps (e.g., non-Rekindling Curiosity camp programs) that also serve school age students. The Department and the CBHA would like to allow such non-Rekindling Curiosity Program camps to participate in the trainings. This can be accommodated at no additional cost to the Program. In addition, because of the late implementation of the Program, not all camps have been able to take advantage of this offer. By extending the time, more camps will be able to participate in the mental health training.

Respectfully submitted,

Frank Edelblut Commissioner of Education

TDD Access: Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

#### AMENDMENT TO PROFESSIONAL SERVICES CONTRACT

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021 hereby agree to modify same as follows:

- 1. Amend Section 1.7 Completion Date by removing September 30, 2021 and replacing with September 30, 2022.
- 2. Add to Exhibit B, Section 1, "The CBHA shall also offer its mental health training program in non-Program settings that include programs that work with school age students, including trainings for educators."
- 3. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
- 4. This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2022.
- This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

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

THE STATE OF NEW HAMPSHIRE Department of Education (Agency)

Division of Commissioner's Office Commissioner of Education Date

New Hampshire Community Behavioral Health Association Name of Corporation (Contractor)

Kaland KANU July 21, 2021 By Date

STATE OF (N/A COVID 19)

County of \_\_\_\_\_\_

On this the \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_ before me, \_\_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_\_\_ known to me (or satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

(N/A COVID 19)	
Notary Public/Justice of the Peace	Commission Expires
Approved as to form, substance and execution by t	the Attorney General this _ and day of _ Aug, 202.
	Sy Kan
	Christopher Bond, Attorney General Office
Approved by the Governor and Council this	stay of .20

By:

	CERTIFICATE OF	
	(Corporation without a	Seal)
I,	Brian Collins (Name of the Clerk of the Corporation, cannot be signator)	, do hereby certify that:
	(Name of the Clerk of the Corporation, cannot be signator	()
(I)	l am the duly elected clerk of <u>NH Community Behavic</u> (Corporation	nal Health Association
(2)	The following are true copies of the resolutions duly adopt Corporation duly held on <u>July 21, 2021</u> . (date)	ed at a meeting of the Board of Directors of the
	RESOLVED: That this Corporation enter into a contract vist bepartment of Education.	with the State of New Hampshire, acting through
	RESOLVED: That Roland P. Lamy	Executive Director
	(Name of Contract Signatory) is hereby authorized on behalf of this Agency to enter into	(Title of Contract Signatory)
	and all documents, agreements and other instruments, and thereto, as he/she may deem necessary, desirable or approp	any amendments, revisions, or modifications
(3)	The foregoing resolution(s) have not been amended or rev. <u>30 th</u> day of <u>September</u> , 2022. (day, month, yr) (must be same date as the contract date)	oked, and remain in full force and effect as of the
(4)	Roland P. Lamy is the duly elected E (name of contract signatory) (t	xecutive Director of the corporation.
IN W	VITNESS WHEREOF, 1 have hereunto set my hand as the Bus 21st day of July , 20 21.	iness Representative of the Corporation this

Rin Chin

(Signature of Clerk of Corporation)

#### STATE OF NEW HAMPSHIRE

COUNTY OF Merrimack

•

On July 21\_\_\_, 20\_21\_\_, the foregoing instrument was acknowledged before me.

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

My commission expires on: ERIN K. MEAGHER Notary Public County of Merrimack State of New Hamsphire My Commission Expires June 30, 2026

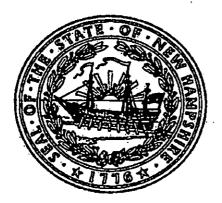
Notary Public/Jus the Peace iice à

# 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 NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021 Certificate Number: 0004958720



IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Scal of the State of New Hampshire, this 14th day of July A.D. 2020.

William M. Gardner Secretary of State

Clien	t#: 1485395			MEŅ	TAHEA29			
ACORD CERT	IFICAT	E OF LIABILI	TY INS	URAN	CE	DATE (MM/ 6/09/21	•	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INSUI REPRESENTATIVE OR PRODUCER, A	ELY OR NEG	ATIVELY AMEND, EXTEN NOT CONSTITUTE A CON	D OR ALTER T	HE COVERA	GE AFFORDED BY TH	OLDER. T	HIS S	
IMPORTANT: If the certificate holder is if SUBROGATION IS WAIVED, subject this certificate does not confer any rig	to the terms a	AL INSURED, the policy( and conditions of the polic	y, certain polic	cies may req	L INSURED provisions uire an endorsement. A	or be end statemen	orsed. It on	
PRODUCER USI Insurance Services LLC		CON	ITACT IE: NE, No, Ext): 855 87		FAX (A/C, No	·····		
3 Executive Park Drive, Suite 300		E-M	AIL RESS:			/ <u>·</u> .		
Bedford, NH 03110 355 874-0123					FORDING COVERAGE		NAIC #	
NSV/7 ED				·	ly Insurance Co. are & Human Svc WC		BOSB ONAIC	
The Mental Health Center	for Southerr	<del>معدد ا</del>	JRER B : Granne :		are a human Svc wc		UNAIC	
NH DBA CLM Center for L	ife Managen	nent	JRER D :					
10 Tslenneto Rd		INSU	INSURER E :					
Derry, NH 03038			RER F :		• • • • • • • • • • • • • • • • • • • •			
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					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$250,00		
					MED EXP (Any one person)	s10,000		
					PERSONAL & ADV INJURY	\$1,000,		
				•	GENERAL AGGREGATE	\$3,000,0		
					PRODUCTS - COMP/OP AGG		000	
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OWNED AUTOS ONLY HIRED					BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE			
AUTOS ONLY A AUTOS ONLY					(Per accident)	\$ 5		
X UMBRELLA LIAS X OCCUR			10/01/2020	10/01/2021	EACH OCCURRENCE	\$5,000,0	00	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,0		
DED X RETENTION \$10000						\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			02/01/2021	02/01/2022	X STATUTE ER			
AND EMPLOYERS CLABRITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,0	00	
(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYER			
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ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	L L L	Additional Remarka Schodule, ma	y be stisched if mo	ire space is requi	ired)			
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ACORD 25 (2016/03) 1 of 1 #S32324316/M32323943

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ACORD CERTIFICATE OF LIA	BILITY INSU	JRANC	E	-•	125/2021				
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 policyges) must have ADDITIONAL INSURED provisions or be endorsed.									
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polic II SUBROGATION IS WAIVED, subject to the terms and conditions of the po- this certificate does not confer rights to the certificate holder in flev of such	dicy, certain policios	DiffiONAL IN may regula	SURED provisions or be an endorsement. A stati	endors ement o	ied. m				
PRODUCTR	CONTACT Paulda L	eBlano							
Brown & Brown of New Hampshire	PHONE Extt (803) 4	24-9901	AX Not	(666) 8	48-1223				
309 Danisi Webster Highway	ADDRESS; pleblance	bonhins.com		_					
			DINO,COVERAGE		NAIC #				
Merrimack NH 03054	I MANNEN AL		urance Company		22308				
REARCD	The Line	over Insurance	sol Insurance Company		41840				
Monadnock Family Scrvices 64 Main Street	- A - A - A	over insurance (			42378				
		Al a conserve a	origeny, no.		42510				
Keene NH 03431	INSURER F :								
COVERAGES CERTIFICATE NUMBER: 20-21			REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER E POLICIES DESCRIBE	DOCUMENT N D HEREIN IS S	WITH RESPECT TO WHICH T	HIS					
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			PRODUCTS - COMPAD AGO						
				8					
AUTONOBILE CLARELITY			COMBRIED SHIGLE LINIT	\$ 1,00	0,000				
			BODILY INJURY (Per person)	\$					
	09/01/2020	09/01/2021	BODILY INJURY (Per socident)	8					
AUTOS ONLY AUTOS ONLY			PROPERTY DAMAGE	1					
			Medical payments	\$ 5,00					
	09/01/2020	09/01/2021	EACH OCCURRENCE		0,000				
	Calo In Lord		ADOREGATE	8					
WORKER'S COMPENSATION			X STATUTE X 21th	3A Star	a: NH				
	09/01/2020		EL. FACHACCIDENT	1 500,0	000				
(Disaddalary in SBI)	0010172020	09/01/2021	EL DISEASE - EA EMPLOYEE	\$ 500,0	000				
If yes, deporter under DESCRIPTION OF OPERATIONS below			EL, DISEASE · POLICY UMT	.s 500,i	000				
A Human Services Professional Liability	09/01/2020	09/01/2021	Each Claim Aggregate		0,000 0,000				
geocryptick OF OPERAtions / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedels, corp in stacked if more space in regulated)									
CERTIFICATE HOLDER	CANCELLATION								
. NH DEPARTMENT OF EDUCATION 101 Pleasent St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
. Concord NH 03301-3860			e Bernie						
		0 1988.2016	ACORD CORPORATION.	A11	to person and				

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ACORD C	ERTI	FICATE OF LIAI	BILITY INSU	JRANC	E [		29/2021	
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.								
INPORTANT: If the certificate holder is a If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	the term	s and conditions of the po	licy, certain policies					
PRODUCES				Tescolt, AINS.	CRIS	_		
FIAI/Cross Insurance			PHONE (603) 6	9-3218	IAC. HOL	(603) (	145-4331	
1100 Ein Street				Berossagancy				
Manchester		NH 03101		NATION AND AND AND AND AND AND AND AND AND AN	IDING COVERAGE		NAIC # 18058	
MSURED Behavioral Health & Developme	ntel Servic	es of Simford Course inc.	Mauricit	State Health C	ere and Human Services SK	3		
DBA: Community Partners			INSURER C 1					
113 Crosby Road, Ste 1			INSURER D:					
Dover		NH 03820						
			HIRURER F :	_		·		
فكالماء بالكالي بيهادي ويروي ومستكال المتقال فالمستكان والمتعاد والم		NUMBER: 20-21 W21-22			REVISION NUMBER:			
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LIA TYPE OF INSURANCE	RISO WYD	POLICY NUMBER	POLICY EFF	(NIMODITITI)	Linit	3		
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<u>↓</u>			11/01/2020	11/01/2021	MED EXP (Any one person)		0,000	
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		ļ	]		GENERAL AGOREDATE		0.000	
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		<u> </u>				\$ 1.00		
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A OWINED SCHLY SCHEDULED			11/01/2020	11/01/2021	BOOILY NU/URY (Par accident)	\$ -		
					PROPERTY CAMAGE	\$		
						5		
	1.				EACH OCCURRENCE	\$ 5,00	0.000	
A BICESSLIAD CLAMS-MADE			11/01/2020	11/01/2021	AUGREGATE	\$ 5,00	000.0	
DED X RETENTION \$ 40,000	·							
WORKER'S COMPENSATION								
B OFFICERVICENDER EXCLUDED?			02/01/2021	AAAA	E.L. EACH ACCIDENT	\$ 1,00	0.000	
(Mandelony is 100)	H/A	( <b></b>		02/01/2022	EL. DISEASE - EA EMPLOYEE	1,00	0,000	
If yes, describe under CEECTUPTION OF OPERATIONS beton		1			EL. DISEASE - POLICY LINT	1,00	0.000	
A Directors & Officers Liability			11/01/2020	11/01/2021	Limit of insurance	\$ 5,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Refer to policy for exclusionary enforcements ar			miy be altisched if mera sp	ece (e required)	L	<u>I</u> _		
CERTIFICATE HOLDER			CANCELLATION	<u> </u>				
Community Partners 113 Crosby Roed Suite 1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
				Asa 1	A N -			
Dover		NH 03820		Mihac	I Juni	~~		
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Clien	#: 10108	38		NORT	Client#: 1010838 NORTHHUM										
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THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSUI REPRESENTATIVE OR PRODUCER, A	ELY OR ? CANCE DO ND THE C	NEGATIVELY AMEND, EX DES NOT CONSTITUTE A CERTIFICATE HOLDER.	TEND OR ALTER T CONTRACT BETW	HE COVERA EEN THE ISS	GE AFFORDED BY TH UING INSURER(S), AU	E POLIC THORE	HES ED								
IMPORTANT: If the certificate holder is if SUBROGATION IS WAIVED, subject this certificate does not corfer any rig	to the len	ms and conditions of the	policy, certain polic	iles may requ	. INSURED provisions sire an endorsement. /	or be en A # tatem	ent on								
PRODUCER USI Insurance Services LLC			ERITACT Christin												
3 Executive Park Drive, Suite 300			AC 10 Ent. 855 87		LAC . ino	<u>+</u>									
Redford NH 03110															
855 874-0123			msurer A : Philadel		FORDING COVERAGE		MAIC #								
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Northern Human Services	4 l <b>nc</b> .		INIURER C :	<u>-</u> .	p.g	<u> </u>									
87 Washington Street Conway, NH 03818-6044			WEURER D :												
Conway, Nn USo10-0044			GROUNER E :												
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UIR TYPE OF INSURANCE	ADDI BUBR	POLICY NUMBER	POLICO FEE		LIN										
A X CONDERCIAL OPRERAL LIABLITY			03/31/2021	03/31/2022	EACH OCCURRENCE	\$1,00									
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insurance.				,		•									
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NH Dept of Education SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN															
Vocational Rehabilitation 21 S. Emitt St. Sulta 20	1		ACCORDANCE WITH THE POLICY PROVISIONS.												
21 S. Fruit St., Suite 20 Concord, NH 03301	NTATIVE														
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ACORD 25 (2016/03) 1 of 1 The ACORD name and logo are registered marks of ACORD #831800391/M31733383

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MODUCIA USI Insurance Services LLC			Christine.Skehan					
3 Executive Park Drive, Suite 300				Ent): 855 87		ANC, Noti		
Bedford, NH 03110			TROUGE	B: Comatin	o.Skehan@			T
855 874-0123				NH Empl		FORDING COVERAGE		13083
NEUREC	'		MEURE					
Northern Human Services	, Inc.	-	NSURE					<u> </u>
67 Washington Street			INSURE		_			1
Conway, NH 03818-6044			INSURE					1
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AND EXPLOYERS' LIABILITY VIN				09/30/2020	09/30/2021	PER OTH	<u>+</u>	
AND ENFLOYERS CARLITY YIN ANY PROPRET TORMAN INERVENE CUTIVE (N)	<b>#1</b> A					EL EACH ACCIDENT	\$500	
( )						EL DISEASE . LA ENPLOYEE		· · · · ·
d yes, doscrete under DESCRIPTION OF OPERATIONS below	┟╼┥─					EL DISEAGE - POLICY LIMIT	1\$500	000
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NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 Concord, NH 03301	THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA RECH, NOTICE WILL E LICY PROVISIONS.				
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ACORD 25 (2016/03) 1 of 1 #S31800481/M30099597

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f BLISCUATION IS WARDED, subject to the terms and conditions of the policy, cetain polices may require an endorement. A statement of this cetificates may require an endorement. A statement of this cetto each of control in the of auch endorement().     #################################	CERTIFICATE DOES NOT AF BELOW. THIS CERTIFICATE REPRESENTATIVE OR PROOU	FIRMATIVE OF INSUR CER, AND 1	Y OF ANCE THE C	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE:	ID OR ALTI	ER THE CO	VERAGE AFFORDED E HE ISSUING INSURER	iv The (5), al 	POLICIES
Ear Die Berliefer Haufense Agenzy, LLC     Inshue NH GS064     Inshue NH Inc     Inshue NH GS064     Inshue NH Inc     Inshue NH GS06     Inshue State Control Group Ins     Inshue NH Inc     Inshue NH GS06     Inshue NH Inc     Inshue NH GS06     Inshue State Control Group Ins     Inshue NH Inc     Inshue NH GS06     Inshue State Control Group Ins     Inshue NH Inc     Inshue NH GS06     Inshue State Control Group Ins     Inshue NH Inc     Inshue State Control Group Ins     Inshue State	If SUBROGATION IS WAIVED,	subject to	lhe te	rms and conditions of th	ie polic uch and	y, certein pi Ioraemantfa	olicies may ( ).			
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A       Profered Lisbility Revise Gains 11/12/2020       11/12/2021       Each Cains Appropriate       \$5,000,000 \$5,000,000         Description of openAirioHs / VEHICLES (ACOPED 181, AddEtional Remerits Bebeduls, may be attanted if more space to required Workers Compensation coverage: NH; no excluded officers.       \$5,000,000         NH DHHS is listed as additional insured per written contract.       CANCELLATION         CERTIFICATE HOLDER       CANCELLATION         NH DHHS 120 Pleasant Street Concord NH 03301       Street Accorded to the space service of the space of t	If yes, describe under	_	1							
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Concord NH 03301 AUTHORIZED REPRESENTATIVE		I			THE	EXFIRATION	OATE TH	REOF. NOTICE WILL		
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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.													
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	NCER							CONTAC		en, AINS, AC			
Cros	is Insurar	ce-Laconia						PHONE	(603) 52	4-2425	(AC, No)	(803)	524-3666
155	Court Str	eet.						E-MAIL ADORES	sarah.cuile	n@crossager	10y.com		
INSURER(S) AFFORDING COVERAGE NAIC #								NAIC #					
Laconia NH 03248 INSURERA: Ace American Insurance Company													
INSU	RED							INSURE	<u> </u>	erty & Casua	-		
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	~	RELLA LIAB									EACH OCCURRENCE		0,000
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		Concord					NH 03301		~	Sam	n Culen	_	
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ACORD 25 (2016/03)

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ACORD' CERTIFICATE OF LIA	BILITY INSURANCE
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the	Y AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS , EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES TE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED polici(les) must have ADDITIONAL INSURED provisions or be endorsod.
If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the confidate holder in lieu of the set of the	he policy, certain policies may require an endorsement. A statement on
PRODUCER	I CONTACT
Fred C Church Insurance 41 Weilman Street Lowell MA 01851	RAVIE: PHONE FAIL PHONE FAIL
	INSURE ASI IN FORDING COVERAGE NAIC
	Avgung A : Philadetphia Indominity Insurance Company 18058
WEURED STACKING STACKING	Insuran el Grande State HC & HS Trust
Seacoasi Mental Heath Contor Inc. 1145 Sagamore Avenue	MEURER C .
Portsmouth NH 03801	WSURER D
	INSURER E
(,,,	#\$#E47
COVERAGES CERTIFICATE NUMBER: 937323603	REVISION NUMBER:
INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION	INT BLEN ISSUED TO THE INSURED NAMED ADON' FOR THE POLICY RENDO OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ECO BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS BEEN REDUCED BY PAD CLAMAS POLICY FFF POLICY EP
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Soacoasi Mental Health Center, Inc	SHOULD ANY OF THE ABOVE DESCRIDED POLICIES DE CANCELLEO BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1145 Segamore Avenue	AUTHORIZED REPRESEN TATINE
Partsmouth NH 03801-5503	·7
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ACORD CE	RTIF		BILITY II	NS	URANC	E [	DATE (MMDDC/YYYY) 03/23/2021		
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					n way require			on	
PRODUCER				Oavi	-			· · · · ·	
CGI Business Insurance (866) 841-4600 (866) 874-2443									
6 Dertmorsh Drive EMAIL TDevice@CGISudmassInsutance.com								<u> </u>	
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The Mental Hastin Center of Great		haular lan .	interesting to a	Undel LM. N	phia indemnity		<u> </u>		
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THIS IS TO CERTIFY THAT THE POLICIES OF INSI RIDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLIC	AENT, THE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRACT OR	OTHE	R DOCUMENT V D HEREIN IS S	WITH RESPECT TO WHICH	THIS		
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Workers Comp SA Siste: NH, MA & VT Supplemental Names: Nanchester Mental Health F Manchester Mantal Health Ventures, Inc. The Certificate is issued for insured operations usur	oundatio	ans, Inc., Manchester Mental I	may be attached if Hoalth Realty, ir	mere e IG, Ma	pace is required) richester Merite	il Health Services, Inc.,			
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401 Cypress Street									
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								AUTUO		NTATE/S			
AUTHORIZED REPRESENTATIVE of Marsh USA Inc.													
	, Honori Muchander								<b>.</b>				
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ACORD	

DATE (MM/DD/YYYY)	
7/26/2021	

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGH	ITS 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 BETWEE	IN 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	NAME Mariana Sousa				
Eays Companies Inc.	PHONE FAX (A/C, No, Ext): (A/C, No):				
133 Federal Street, 4th Floor	E-MAL ADDRESS: msousa@hayscompanies.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
Boston MA 02110	NSURERA: Technology Insurance Company, Inc.	42376			
NEURED	INSURER B :				
West Central Behavioral Health	INSURER C :				
9 Hanover Street, Suite 2	INSURER D :				
	INSURER E :				
Lebanon NH 03766	INSURER F :				

## COVERAGES CERTIFICATE NUMBER:21-22 WC

THIS IS TO CERTIFY THAT	THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSUR	ED NAMED	ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHST/	NDING ANY REQUIREMENT, TERM OR CONDITI	ON OF ANY CONTRACT OR OTHER	DOCUMEN	T WITH RESPECT TO WHICH THIS
	UED OR MAY PERTAIN, THE INSURANCE AFFOR			SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDI	TIONS OF SUCH POLICIES, LIMITS SHOWN MAY	HAVE BEEN REDUCED BY PAID CL	AIMS.	,
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LTR	TYPE OF INSURANCE	INSD	WYD	POLICY NUMBER	(MM/DD(YYYY)	(MM/00/YYYY)	LIMIT	5
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
<b>!</b>			1				DAMAGE TO RENTED PREMISES (En occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	OTHER:							8
	AUTOMOBILE LIABILITY		[				COMBINED SINGLE LIMIT (Ea accident)	\$
ŀ	ANYAUTO						BODILY INLURY (Per person)	\$
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	3
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		ļ						\$
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	EXCESS LIAB CLABUS-MADE						AGGREGATE	5
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	WORKERS COMPENSATION						X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 500,000	
<b>X</b>	OFFICER/MEMBER EXCLUDED?		`		6/1/2021	6/1/2022	E.L. DISEASE - EA EMPLOYEE	<b>\$</b> 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
				· ·		:		
				Additional Generic Schedule may be att	abod Manage and	an la manufand)		

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

Evidence of Insurance Coverage

CERTIFICATE HOLDER	CANCELLATION			
Evidence of Coverage	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/GSCHIC			

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**REVISION NUMBER:** 

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Christine Brennan Deputy Commissioner

Frank Edelblut Commissioner

> STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (603) 271-3495 FAX (603) 271-1953

June 3, 2021

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

### **INFORMATIONAL ITEM**

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05 and 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, 2021-08, and 2021-10, and suspend the Manual of Procedures 150, V., B., 1., requirement, Governor Sununu has authorized the Department of Education (DOE), to enter into a sole source contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, in an amount not to exceed \$500,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval through September 30, 2021. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II), as follows:

06-56-56-562010-19590000-102-500731 Contracts for Program Svcs \$500

<u>FY21</u> \$500.000

#### **EXPLANATION**

This request is **sole source** because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing

> TDD Access: Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

His Excellency, Governor Christopher T. Sununu and the Honorable Council June 3, 2021

concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshireapproved overnight and day youth recreation camps. This program is called "ReKINDIling Curiosity: Every Kid Goes to Camp" or the "Program."

#### Services:

In support of the above described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

- 1. <u>Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:</u>
  - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
  - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
  - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
  - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.
- 2. Summer Camp Functional Support Staffs.
  - a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
  - b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
  - c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.
- 3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp., CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access His Excellency, Governor Christopher T. Sununu and the Honorable Council June 3, 2021

CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

## **Other Program Elements:**

- 1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
- 2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
- 3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
- 4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
- 5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,

Frank Edelblut Commissioner of Education



Christime Brennan Deputy Commissioner

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Frank Edelblut Commissioner

> STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (503) 271-3495 FAX (603) 271-1953

May 26, 2021

His Excellency, Governor Christopher T. Sununu State House Concord, New Hampshire 03301

## **REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NH DOE) to enter into a sole source contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, in an amount not to exceed \$500,000 to implement mental and behavioral health supports as pair of the Rekindle Curiosity camp program, effective upon Governor approval through September \$0, 2021. 100% Federal Funds.

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06-56-56-562010-19590000-102-500731 Contracts for Program Svcs \$500,000

## EXPLANATION

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As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-

TDD Access: Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES His Excellency, Governor Christopher T. Sununu April 21, 2021

approved overnight and day youth recreation camps. This program is called "ReKINDIling Curiosity: Every Kid Goes to Camp" or the "Program."

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## **Other Program Elements:**

1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.

> TDD Access: Relay NH 711 EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

His Excellency, Governor Christopher T. Sununu April 21, 2021

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- 4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
- 5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

In the event Federal Funds are no longer available, General Funds will not be requested to support this request.

Respectfully submitted,

Frank Edelblut Commissioner of Education

I hereby approve this request pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05 and 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, and 2020-16, 2020-17 and 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, and 2021-08 and suspend the Manual of Procedures 150, V., B., 1., requirement.

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6.2.21

Governor Christopher T. Sununu

Date

## FORM NUMBER P-37 (version 12/11/2019)

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

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

## GENERAL PROVISIONS

I. IDENTIFICATION.					
1.1 State Agency Name		1.2 State Agency Address			
Department of Education		101 Pleasant Street, Concord, NH 03301			
1.3 Contractor Name		1.4 Contractor Address			
NH Community Behavioral Her	lith	i Pillsbury St Ste 200, Concord	, NH 03301		
1.5 Contractor Phone Number	1.6 Account Number	1.7 Completion Date	1.8 Price Limitation		
603-225-6633	See Exhibit C	September 30, 2021	\$500,000		
1.9 Contracting Officer for Star Katie Murphy	ts Agency	1.10 State Agency Telephone N 603-271-3838	lumber		
1.11 Contractor Signature	-	1.12 Name and Title of Contra	ctor Signatory		
Roland P. Las	Date: 05/03/21	Roland Lamy, Executive Direc	tor		
1.13 State Agency Signature	····· <u>······</u> ·· <u>······</u> ··	1.14 Name and Title of State	Agency Signatory		
mle ENT	Date: 4 - 2-91	Exank Edelblut, Commissioner	of Education		
1.15 Approval by the N.H. De	partment of Administration, Divis	tion of Personnel (If applicable)			
By:		Director, On:			
1.16 Approval by the Attorney	Ganeral (Form, Substance and E	(if applicable)			
By:	n	On: 6/1/21			
Christopher Bone	d, Attorney				
1.17 Appreval by the Governo	or and Executive Council (if appl	icable)			
G&C Item number:		G&C Meeting Date:			

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Contractor Initials RPL Date 05/03/21 ÷. 4

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

#### 3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

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

#### 4. CONDITIONAL NATURE OF AGREEMENT.

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

#### 5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price. 5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of taw.

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monles of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

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

6.3. The Contractor agrees to permit the State or United States access to and 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.

Page 2 of 4

Contractor Initials Date 05/03/21

## 8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

8.2.4 give the Contractor a written notice specifying the Event of Default, treat that Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

## 9. TERMINATION,

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

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

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

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

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

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

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

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## 12. ASSIGNMENT/D/3LEGATION/SUBCONTRACTS.

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

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

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

Page 3 of 4

Contractor Initials RPL Date 05/03/21 Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

#### 14. INSURANCE.

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

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

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 50% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer Identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

## 15. WORKERS' COMPENSATION.

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

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

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

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17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

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

20: THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit. $\frac{21}{21}$ 

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

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

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

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire, agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Page 4 of 4

Contractor	Initials	RPL
	Date	05/03/21

## EXHIBIT A

#### Special Provisions

Additional Exhibits D-G

## Federal Certification 2 CFR 200.415

Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

## Amendment to Paragraph 12.2

Contractor is hereby authorized to assign its obligations under this contract to any of the following entities, provided that contractor shall present evidence to the Department that said entity has obtained insurance consistent with the requirements of paragraph 14 of this agreement before such obligations are assigned:

Center for Life Management 10 Tsienneto Road Derry, NH 03038

Monadnock Family Services 64 Main Street, Suite 301 Keene, NH 03431

Community Partners 113 Crosby Road, Suite 1 Dover, NH 03820

Northern Human Services 87 Washington Street Conway, NH 03818

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يت . تو: Greater Nashua Mental Health 7 Prospect Street Nashua, NH 03060 Riverbend Community Mental Health, Inc. 278 Pleasant Street, PO Box 2032 Concord, NH 03302

Lakes Region Mental Health Center, Inc. 40 Beacon Street East Laconia, NH 03246

Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth, NH 03801

Mental Health Center of Greater Manchester 401 Cypress Street Manchester, NH 03103

West Central Behavioral Health 9 Hanover Street, Suite 2 Lebanon, NH 03766

## Amendment to paragraph 14

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The insurance requirements of paragraph 14 of this agreement are waiver as to contractor, provided that contractor provides evidence of insurance consistent with the requirements of paragraph 14 for any of the entities listed in this Exhibit A who provide services pursuant to this agreement.

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## EXHIBIT B

## Scope of Services

Objective: As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the New Hampshire Department of Education ("NHDOE") will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "ReKINDlling Curiosity" or the "Program."

#### Services:

;; jaj In support of the above described student Program, the NHDOE will work with the New Hampshire Community Behavioral Health Association ("CBHA" or "Contractor") to support the Program with the services specifically enumerated below.

- 1. <u>Training: CBHA will implement the DOE determined mental health training program (the "Training.</u> <u>Program") for Program courselors as follows:</u>
  - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
  - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
  - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and rollow/CDC guidance.
  - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire Community Mental Health Centers ("CMHC") and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.
- 2. Summer Camp Eunctional Support Staffs:
  - a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
  - b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
  - c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.
- 3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp., CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by

Contractor Iniliats RPL Date 05/03/21

## EXHIBIT B Continued

example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

## Other Program Elements:

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- CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
- 2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
- 3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
- 4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
- 5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.
- 6. When appropriate, the CMHC staff will make both Emergency Services and CMHC referrals for Program campers who need higher levels of care in coordination with camp staff and legal guardians. Those youths would have open cases if they chose to pursue services with the CMHC.

Contractor Inilian RPL Date 05/03/21

## EXHIBIT C Method of Payment

## Program Fees

## Training:

Unit price: \$150 per hour	
Assumes a maximum of 20 students per training	
15 Senior Level counselor trainings @4 hours: 60 hours	\$9,000
15 Junior Level counselor trainings @ 2 hours: 30 hours	\$4,500
Travel: .56 per mile	\$5,821
Materials: \$20 per councilor @ 600	\$12,000
Adapt existing trainings: \$1,200 per center @10	\$12,000
	Total \$43,321

## **Functional Support Staff:**

\$866 per day, plus travel 10 staff per center x 10 centers = 100 staff 10 staff x 50 staff days per week @ \$866 x 8 weeks	\$346,400
Travel 20,000 miles @.56 per mile	\$11,200
Total	\$357,600

## High Needs Campers:

While it is most likely that these campers will become, or are already, clients of their local CMHCs, most of the costs will be convered by Medicaid or the camper's family's commercial provider. For those costs not otherwise covered, the fee schedule will be as follows.

Consultation at \$125 per hour Estimated number of campers: 100 @ 2 hours per consultation	
Travel 2,500 miles @.56	\$1,400
Uninsured camper reimbursement	\$50,000
Total	\$51,400

Contractor Initials RPL Date 05/03/21

## EXHIBIT C Continued

## Marketing:

CBHA will undertake a 2-phase marketing and communications plan in support of the Summer Camps Supports Program.

- Phase I:
  - o Audience: Primarily summer camp directors/leadership
  - o News Release announcing the CMHC role in the Summer Camps Supports Program
  - o Kick Off News release
  - o Local CMHC letter to summer camps' mental health supports
  - Updates to CBHA Web site to offer information and navigation for the Summer Camps Supports Program
  - Coordination of Summer Camps Supports Program web site messaging and separate pages informed by the DOE's communications
  - o Kickoff news release
  - CBHA will be available to react to news media inquiries about the program and will coordinate with DOE
  - o End of summer news release
- Phase II: If the uptake in camp participation is low, a second phase outreach program from CBHA will be undertaken:
  - o Local CMHC outreach to regional summer camps
  - o Validation messaging form participating camps to those not yet enrolled
  - Web site updates
- \$140 per hour:

• •	Phase 1 30 hours:	\$4,200
	Phase 2 15 hours	\$2,100
lateri	als:	\$2,500
	TOTAL	\$8,800

## Administration:

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## 7.5%: \$38,879.00

- 1. Sub-contracting with CMHCs
  - a. Develop and implement training and staffing agreements
  - b. Develop and implement scheduling of training programs
  - i. Craft camp counselor participation certification reporting process to DOE
- 2. Training Schedules
  - a. Hosted by local CMHC
  - b. Outreach and counselor registration
- 3. Functional Supports Staffing
  - a. Develop and implement system for participating camps to connect with local CMHC i. Basic Agreement
  - b. Develop and implement staff assignment and scheduling to local summer camps
  - c. Develop and implement time reporting and billing method.
    - i. CMHC invoicing to CBHA
    - ii. CBHA invoicing to DOE

Contractor Initials\_RPL .Date\_05/03/21

## EXHIBIT C Continued

- 4. Reporting:
  - a. End of summer/program report from CBHA detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

## Subtotals:

Training		\$43,321
Training		\$357,600
High needs		\$51,400
Marketing		\$8,800
Administration		\$38,879
	TOTAL	\$500,000

Billing Schedule; Fees for this program will be invoiced by the CBHA monthly to the NHDOE. Payment will be net 30 days.

Limitation on Price: Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the total budget exceed the price limitation of \$500,000.

Source of Funding: Funds to support this request are available in the account titled GEER II - CRRSA Act 2021 in FY 21 as follows:

06-56-56-562010-19590000-102-500731Contract for Program Services

<u>FY'21</u> \$500.000 1:1<u>-</u>1.

Payment will be subject to funds availability. In the event that funds are not available, NH DOE shall immediately notify CBHA. Invoices and reports shall be submitted to:

Katie Murphy Division of Learner Support NH DOE 101 Pleasant Street Concord, NH 03301 Susan.K.Murphy@doe.nh.gov

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## EXHIBIT D

#### Contractor Obligations

Contracts in excess of the simplified acquisition threshold (currently set at \$250,000) must address administrative, contractual, or legal remedies in instances where the contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate. Reference: 2 C.F.R. § 200.326 and 2 C.F.R. 200, Appendix II, required contract clauses.

The contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the contractor's actions pertaining to this contract.

The Contractor, certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

#### Breach

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A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

#### **Fraud and False Statements**

The Contractor understands that, if the project which is the subject of this Contract is financed in whole or in part by federal funds, that if the undersigned, the company that the Contractor represents, or any employee or agent thereof, knowingly makes any false statement, representation, report or claim as to the character, quality, quantity, or cost of material used or to be used, or quantity or quality work performed or to be performed, or makes any false statement or representation of a material fact in any statement, certificate, or report, the Contractor and any company that the Contractor represents may be subject to prosecution under the provision of 18 USC §1001 and §1020.

#### Environmental Protection

(This clause is applicable if this Contract exceeds \$150,000. It applies to Federal-aid contracts only.)

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The Contractor is required to comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857 (h), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR Part 15) which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to the FHWA and to the U.S. EPA Assistant Administrator for Enforcement.

#### **Procurement of Recovered Materials**

In accordance with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), State agencies and agencies of a political subdivision of a state that are using appropriated Federal funds for procurement must procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

> Contractor Initials <u>RPL</u> Date\_05/03/21

## Exhibit E

## Federal Debarment and Suspension

- a. By signature on this Contract, the Contractor certifies its compliance, and the compliance of its Sub-Contractors, present or future, by stating that any person associated therewith in the capacity of owner, partner, director, officer, principal investor, project director, manager, auditor, or any position of authority involving federal funds:
  - Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal Agency;
  - 2. Does not have a proposed debarment pending;
  - 3. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal Agency within the past three (3) years; and
  - 4. Has not been indicted, convicted, or had a civil judgment rendered against the firm by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.
- b. Where the Contractor or its Sub-Contractor is unable to certify to the statement in Section a.1. above, the Contractor or its Sub-Contractor shall be declared ineligible to enter into Contract or participate in the project.
- $\infty$ . Where the Contractor or Sub-Contractor is unable to certify to any of the statements as
- # listed in Sections a.2., a.3., or a.4., above, the Contractor or its Sub-Contractor shall submit
- A a written explanation to the DOE. The certification or Explanation shall be considered in connection with the DOE's determination whether to enter into Contract.
- d. The Contractor shall provide immediate witten notice to the DOE if, at any time, the Contractor or its Sub-Contractor, learn that its Debarment and Suspension certification has become erroneous by reason of changed circumstances.

Contractor Initiats\_RPL Date\_05/03/21

#### Exhibit F

## Anti-Lobbying

The Contractor 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, execute the following Certification:

The Contractor certifies, by signing and submitting this contract, to the best of his/her knowledge and belief, that:

- a. No federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of any State or Federal 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, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or coaperative agreement, the undersigned shall complete and submit the "Disclosure of Lobbying Activities" form in accordance with its instructions (http://www.whitehouse.gov/omb/grants/stillin.pdf).
- c. This casilification is a material representation of fact upon which respince was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making and entering into this transaction imposed by Section 1352, Title 31 and 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.
- d. The Contractor also agrees, by signing this contract that it shall require that the language of this certification be included in subcontracts with all Sub-Contractor(s) and lower-tier Sub-Contractors which exceed \$100,000 and that all such Sub-Contractors and lower-tier Sub-Contractors shall certify and disclose accordingly.
- e. The DOE shall keep the firm's certification on file as part of its original contract. The Contractor shall keep individual certifications from all Sub-Contractors and lower-tier Sub-Contractors on file. Certification shall be retained for three (3) years following completion and acceptance of any given project.

Contractor Inliate RPL Date 05/03/21

## Exhibit G

## Rights to Inventions Made Under a Contract, Copy Rights and Confidentiality

#### Rights to inventions Made Under a Contract or Agreement

Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to inventions Made by Nonprofit Organizations and Small Business firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the DOE.

Any discovery or invention that arises during the course of the contract shall be reported to the DOE. The Contractor Is required to disclose inventions promptly to the contracting officer (within 2 months) after the Inventor discloses it in writing to contractor personnel responsible for patent matters. The awarding agency shall determine how rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and Title 37 C.F.R. § 401.

#### Confidentiality

All Written and oral information and materials disclosed or provided by the DOE under this agreement constitutes Confidential Information, regardless of whether such information was provided before or after the date on this agreement or how it was provided.

The Contractor and representatives thereof, acknowledge that by making use of, acquiring or adding to information about matters and data related to this agreement, which are confidential to the DOE and its partners, must remain the exclusive property of the DOE.

Confidential information means all data and information related to the business and operation of the DOE, including but that limited to all school and student data contained in NH Title XV, Education, Chapters 186,200.

Confidential information includes but is not limited to, student and school district data, revenue and cast information, the source code for computer software and hardware products owned in part or in whole by the DOE, financial information, partner information[including the identity of DOE partners], Contractor and supplier information, (including the identity of DOE Contractors and suppliers], and any information that has been marked "confidential" or "proprietary", or with the like designation. During the term of this contract the Contractor agrees to abide by such rules as may be adopted from time to time by the DOE to maintain the security of all confidential information/data received during the performance of this contract. The Contractor will not use, copy, make notes, or use excerpts of any confidential information, nor will it give, disclose, provide access to, or otherwise make available any confidential information to any person not employed or contracted by the DOE or subcontracted with the Contractor.

## Ownership of Intellectual Property

The DOE shall retain ownership of all source data and other intellectual property of the DOE provided to the Contractor in order to complete the services of this agreement. As well the DOE will retain copyright ownership for any and all materials, patents and intellectual property produced, including, but not limited to, brochures, resource directories, protocols, guidelines, posters, or reports. The Contractor shall not reproduce any materials for purposes other than use for the terms under the contract without prior written approval from the DOE.

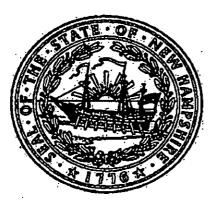
Contractor initials <u>RPL</u> Date <u>05/0</u>3/21

## 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 NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021 Certificate Number: 0004958720



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 14th day of July A.D. 2020.

William M. Gardner Secretary of State

# <u>CERTIFICATE OF VOTE</u> (Corporation without a Scal)

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1.	Brian Cullins do hereby certify that:
••	Brian Collins do hereby certify that:
(1)	I am the duly elected clerk of
(2)	The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on
	RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.
	RESOLVED: That Roland P. Lamy Executive Director
	(Name of Contract Signatory) (Title of Contract Signatory) is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute 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 foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the <u>30th</u> day of <u>September</u> , 2021. (day, month, yr) (must be same date as the contract date)
(4)	Roland P. Lamy Is the duly elected Executive Director of the corporation.
IN WI	TNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this
	(Signature of Clerk of Corporation)
STATI	E OF NEW HAMPSHIRE
COUN	TY OF Merrimack
	On May 4 , 20 21 the foregoing instrument was acknowledged before me
	In witness whereof } hereunto set my hand and official seal.
	My commission expires on: ERIN K. MEAGHER Notary Public/Justice on React Notary Public, State of New Hampshire My Commission Expires May 18, 2021

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CORD CERTIFICATE	e of liabil	ITY INSL	IRANCI	∎ · [	•	11100000000 25/2021
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ACORD CERTIFICATE		TY INSU	JRANCI	e [		KHOOITTTT
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INFORTANT: If the certificate holder is an ADDITIONAL INSU If SUBROGATION IS WAIVED, subject to the terms and condi	RED, the policy(iss) t tions of the policy, ce	rtain policies	DITIONAL IN may require	SURED provisions or be an endorsement. A stat	endan Iment c	ied. Sn
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113 Crosby Road, Sta 1	DISURS		_ , ,		·	
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Refer to policy for exclusionary endorsements and special provisions.						
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ANY PROPRIETOR PARTNERVEXECUTIN	°			1		EL EACH ACCIDENT	· •   •	
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Physician Prof	I I	}				1,000,000/3,000,00		
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led Health staff share in the ysicians have their own sep	limits of the	Entily.				·		
dence of insurance				· <u></u>				
RTIFICATE HOLDER	·			CELLATION				•
NH Dept of Educati	on					SCRIBED POLICIES BE		
Vocational Rehabil						REOF, NOTICE WILL LICY PROVISIONS.	UR DELI	vereo in
21 S. Fruit St., Sult						-		
			AUTH	ORIZED REPRESS	TATIVE			
Concord, NH 0330								
Concord, NH 0330			يو ا	- Art				

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Client	#: 10108	36			NORT	MUHUM		
ACORD. CERT	IFICA	TE OF LIAB	ILITY IN	IS	URANO	CE .	1 .	14000mm) 1/2021
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REPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer any rig	to the terr	ns and conditions of the	policy, certain	polle	cisa may requ	, INSURED provision: uire an endorsement.	s or be e A Bitsten	ndorsed. sent on
PRODUCER USI Insurance Services LLC			MONS BALL			TAR.	· <u>· _</u>	·
3 Executive Park Drive, Suite 300			ADDRESS: Chi	ristir	io.Skehen@	itiai.cóm		
Bedford, NH 03110 855 874-0123			USURER A : NH	Rine		FORDING COVERAGE		113083
NEURED			NEURER B:					
Northern Human Services 67 Washington Street	, Inc.		.MAURER C :			• •	<u> </u>	·
Conway, NH 03818-6044			NOURER E :		. <u>.</u>	<u></u>		÷
	_		PISURER E1					
COVERAGES CER		NUMBER:				REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH MAR TYPE OF INSURANCE	ERTAIN,	THE INSURANCE AFFORDE	D BY THE POL	CLES	DESCRIBED	HEREIN IS SUBJECT T		
COMMERCIAL GENERAL LIABILITY			······································			EACH OCOUNTENCE	_ *	
	1				!	DAMAGE TO RENTED PREMISES (Ca ogguerning)	<u>s</u>	
		ļ				MED EXP (Any one person) PERSONAL & ADV INJURY	- 3	
GENT ADOREDATE LIMIT APPLIES PER:						OTNERAL ADOREGATE		· · · · · ·
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AUTONOBLE LIABILITY			<u> </u>			COMMUNEO SUNGLE LUNIT		
OTLA YAL						BODILY INJURY (Per parao		
AUTOS ONLY AUTOS						BOOLY BUURY (Per action		·
					i	PROPERTY DAMAGE (Par prodent)	<u>s</u>	
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A WORKERS COMPENSATION			00/30/	2020	09/30/2021		THE S	
AND ENPLOYERS' LIABILITY ANY PROPRETORDART NEWERECUTIVE YIN OFFICE AMEMBER EXCLUDED?	M/A					EL EACH ACCIDENT	\$500	,000
(Mandetory In Mil) If you, describe strater	<u> </u>		ļ		ļ	EL DISEASE - EA ENALO		
DESCRIPTION OF OPERATIONS DOW	<u><u></u><u></u><u></u><u></u><u></u><u></u></u>	ļ				EL. DISEASE - POUCY UN	en   1500,	,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VIDIN Evidence of Insurance.	LES (ACORI	9 191, Additional Remarks School	hile, may be attach	ed If as	are epice in requ	kvd)		
Evidence of Insurance								
		<b>_</b>	CANCELLAT	ÍÓN				
NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20	n		SHOULD AN THE EXPR	Y OF ATIO	N DATE THE	ESCRIBED POLICIES BE IREOF. NOTICE WILL LICY PROVISIONS.		
Concord, NH 03301	•		AUTHORIZED RE		ENTATIVE			

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ACORD 25 (2015/03) 1 of 1 The ACORD name and logo are registered marks of ACORD #S31800481/M30099897

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CORD CERTIFICATE OI					1/2	8/2021
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATIN CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY BELOW. THIS CERTIFICATE OF INBURANCE DOES NOT CO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HO	AMENU, EXTE DNSTITUTE A ILDER.	CONTRACT E	ETWEEN T	HE ISSUING INSURER	8), AU	THORIZED
IMPORTANT: If the cartificate holder is an ADDITIONAL INSUR If SUBROGATION IS WAIVED, subject to the larms and conditi this cartificate does not confer rights to the cartificate holder in	ions of the poli lieu of such er	cy; certain po idorsement(s)	ucies may r	AL INSURED provision equire an endorsement	a or be	endorsed. tement on
COUCER	CONT/	Celliy Bea	regard			
aton & Berube Insurance Agency, LLC 1 Concord St		a Fro: 603-584	-2768	IAC. Nex	<u>603-886</u>	4230
ashua NH 03064	ADOR				•	
•	}			DING COVERAGE	<u></u>	NAICE
		ERA: Scotlada ERB: Concord		<u>.                                    </u>		14376
the Community Council of Nashua NH Inc		ERG: The Lew				
00 West Pearl St eshua NH 03060	INSUR					
	naua	· · · · ·				
	INAU				, 	
OVERAGES CERTIFICATE NUMBER: 657	334677			REVISION NUMBER:		
THE IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED & INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS BHOWN M	ENDITION OF A	THE POLICIE	or other 1 5 describei Paid Claims.	XXXXMENT WITH RESPE		
	NUMBER	POLICYEFF	POLICY EXP MK/0000001	LING.	18	
X CONMERCIAL CENERAL LIABLITY		11/12/2020	11/12/2021	EACH OCCURRENCE	\$ 2,000,	000
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (En programmerce)	8 300,00	<u>×                                     </u>
				MED EXP (Any one person)	\$ 5,000	
				PERSONAL & ADV INJURY	\$ 2,000,	
GENL AGOREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000.	
		{:		PRODUCTE COMPIOP AGO	8 2.000	000 .
OTHER:				COMBINED SINGLE LIMIT	\$ 1,000	<u></u>
		12/2020	11/12/2021	COMUNED SINGLE LIMIT (Es scelon)) BOOLY INURY (Per seneral)	\$ 1.000	
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AUTOS ONLY AUTOS				PROPERTY DAMAGE	1	
AUTOS ONLY AUTOS ONLY				(Perecident)		
X UNIBRELLA LIAS X OCCUR	• • • • • • • • • • • • • • • • • • •	11/12/2020	11/12/2021	EACH OCCURRENCE	\$ 5,000.	000
EXCESS LIAR CLADIS-MADE				AGOREGATE	\$ 5,000,	000
DED X RETENTION \$ 10 000					\$	<u> </u>
WORKERS COMPENSATION		1/15/2021	1/15/2022	STATUTE		
ANYPROPRIETORPARTNER/EXECUTIVE				E L. EACH ACCIDENT	\$ 1,000	000
Dianditary in NA				E.L. DISEASE - EA EMPLOYE	<u>\$ 1,000.</u>	000
Y yes, deembo under DESCRIPTION OF OPERATIONS below	•			EL. DISEASE - POLICY LIMIT	\$ 1,000.	
Professional Labitay Chime Made Rese Celer 1 5/12/1998	ŕ	11/12/2020 :	11/12/2021	Each Claim Aggregale	\$5,000	),000 ),000
ECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 18), Additional Rem forkers Compensation coverage: NH; no excluded officers. H DHHS is listed as additional insured per written contract.	erks Schedule, my	be attached if mor	a upace is requir	- -	• ^ _	_
ERTIFICATE HOLDER	CAN	CELLATION		···		
NH DHHS	SH TH	OULD ANY OF	DATE TH	ESCRIBED POLICIES BE ( EREOF, NOTICE WILL SY PROVISIONS.		
129 Pisasent Street Concord NH 03301		mesoreprese				

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ACORD 25 (2016/03)

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		Client#: 13	64844		RIVER	COM12 é		
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C B R	ERTIFICATE DOES NOT A ELOW. THIS CERTIFICATE EPRESENTATIVE OR PRO	FFIRMATIVELY ( E OF INSURANCI DUCER, AND TH	R OF INFORMATION ONLY A OR NEGATIVELY AMEND, ED E DOES NOT CONSTITUTE A (E CERTIFICATE HOLDER.	CTEND OR ALTER T CONTRACT BETW	he covera Een the ISS	3E AFFORDED BY THI UING INSURER(S), AU	e Polic Ithòriz	1 <b>25</b> 120
L L L	<b>BURROGATION IS WAIVE</b>	D, subject to the	DDITIONAL INSURED, the pro- terms and conditions of the the certificate holder in lieu	policy, certain polic of such endorsement	ies may requ	itre en endorsement. A	lor de lar A e tatem	ent on
	OUCER			SPHIACY			.,	
	l insurance Services LL ixecutive Park Drive, Su			100 Ha Erth: 855 87	4-0123	AAC No	<u>x</u>	
	dford, NH 03110	110 300		SALAR ADDRESS:				NAIC 8
	5 874-0123			Uchumen A : Philadel		FORDING COVERAGE		18058
	Riverband Com	munity Mental 1	Health Inc.	meuren e ; Granite :		re & Human Svc WC	· • • • •	NONAIC
	278 Pleasant Str	aet .		INSURER C :				
	Concord, NH 03	301		HISURER E I		······		
	<u> </u>			MSURER P1				
	VERAGES		ATE NUMBER:			REVISION NUMBER:		
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	TYPE OF INEURANC		POLICY IN MINER		POLICYELP	<u>ښ</u>		
A	X COMMERCIAL GENERAL LI			10/01/2020	10/01/2021	TACH OCCURRENCE		0,000
	CLADIS-MOR .X	OCCUR				MED EXP (Any one period)	<u>\$ 100</u> \$ 5;00	
	<u>┝─┤</u> ──────			;		PERSONAL & ADV INJURY	_	0.000
	GENT AGGREGATE LINIT APPLE	ES PER:				DENERAL ADDREGATE		0,000
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	OTHE						3.	
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	X AUTOS ONLY X AU	ICS CHELY		1		PROPERTY DAMAGE	\$	
						1	3	
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	DED X RETENTION S	CLANS-MADE				ADDREGATE	410.0	00,000
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-	AND EMPLOYERS' LIAULUTY ANY PROPRIETORICARTINEREX OFFICE DIMENSER EXCLUDEO?					EL EACH ACCIDENT.	\$1,00	0,000
	different ideases for 100 m	( )				LL. DIBEASE - EA EMPLOY	EE \$1,00	0,000
	I yes, Santhe under Of SCAPTION OF OPERATIONS	<u>مەرمە</u>			1000	EL DISEASE - POLICY LIM		0,000
A	Professional Liability			10/01/2020	10/01/2021	\$1,000,000 Ea. Inc \$3,000,000 Aggreg		
		ATIONIS / VENICLES (Å	CORD 191, Additional Remarks Scho		ere apoté la requ			
CEI	RTIFICATE HOLDER	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	CANCELLATION	<del>.</del>		<u> </u>	
	NH DOE 101 Pleasant S			THE EXPIRATION	N DATE THE	ESCRIBED POLICIES BE ( REOF, NOTICE WILL LICY PROVISIONS.		
	Concord, NH (			AUTHORIZED REPRESE	UTATVE			
				See that				<u>* a</u> -
				<b>6</b> ·	1988-2015 AC	CORD CORPORATION	. All right	ts reserved.

ACORD 25 (2016/03) 1 of 1 The ACORD name and logo are registered marks of ACORD #S32110551/M30951991

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ACORD CERTIFICATE OF LIAI		41.1P	(HINCONTY) 5/24/2021
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	id or alter the covera Intract between the is	GE AFFORDED BY THE POLICIES ISUING INSURER(S), AUTHOR IZED	
IMPORTANT: If the cartificate holder is an ADDITIONAL INSURED, the polic if SUBROGATION IS WAIVED, subject to the terms and conditions of the polic this cartificate doos not confer rights to the cartificate holder in lieu of such	icy, certain policies may rec	LLINBURED provisions or be ando juire an endoresment. A statement	on On
ROOVCER	CONTACT, Sarah Cullen, AINS	ACSR	
Cross insurance-Laconia	MARKE (603) 524-2425		524:3666
155 Court Street	ACINE (603) 524-2425		
	_	PEORODIO COVERADE	RAIG #
Laconia NH 03246	DISURERA ACS American Inst	itance Company	
NTURED	TREUKER . ACE Property & C		
The Lakes Region Mental Health Center, Inc.	HAURER Ct. New Hampshire E	mployers ins Co	13083
40 Bascon Silvet East	INSURER D1.	·····	<u> </u>
			<u></u>
Laconta NH 03246	INSURGR F1		
COVERAGES CERTIFICATE NUMBER: CL212145938		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER DOCUM POLICIES DESCRIBED HEREIN	ENT WITH RESPECT TO WHICH THIS	
ADDLSUBA POLICY NUMBER	MMDORTYTT MMMOOR		0.000
		DAMAGE TO REAVED	00,000
		PREMISES (Ex occurrence) & COU	
		MED EXP (Any ane person) \$ 25.0	
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GENLAOGREGATE LINT APPLIES PER		A state of the sta	00,000
			00,000
	<u></u>		
	ł 1	CONSIDED SNOLE LINET \$ 2,00	AUD00
		BODILS (Per person) \$	
AUTOS ONLY AUTOS INFREC NON-OWNED	06/28/2020 05/26/20		
AUTOS ONLY AUTOS ONLY		PROPERTY DAMAGE S	
		Medical payments \$ 1,00	
			0.000
GANNS-MADE	06/09/2020 06/09/20	021 AGGREGATE \$ 4.00	0,000
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AND ENFLOYER LIADS ITY			
	06/25/2020 06/26/2		0,000
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Professional Liability			000,000
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	CANCELLATION		
CERTIFICATE HOLDER	والمستجد والمتحد والتصفية فالقاد	**	
Department of Education 101 Pleasant Street	THE EXPIRATION DATE THE ACCORDANCE WITH THE P(	E DEBCRIBED POLICIES BE CANCELLEI REOF, MOTICE WILL GE DELIVERED IN JUCY PROVISIONS.	D BEFORE
Department of Education 101 Pleasant Street	THE EXPIRATION DATE THE	REOF, NOTICE WILL BE DELIVERED IN	D BEFORE
Department of Education	THE EXPIRATION DATE THE ACCORDANCE WITH THE P(	REOF, NOTICE WILL BE DELIVERED IN	DBEFORS

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ACORD 25 (2016/03)

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ACORD CERTIFICATE OF LIA			F	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND	Y AND CONFERS N. EXTEND OR ALT	IO RIGHTS ER THE CO	UPON THE CERTIFICA VERAGE AFFORDED (	AY THE POLICIE
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.		-		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WARVED, subject to the terms and conditions of i this certificate does not conter rights to the certificate holder in flew of s	the policy, certain policy, ce	olicios may		
RODUCER	CONTAGT NAME!			• •
red C. Church Insurance 11 Wellman Street owell MA 01851	ADORESS. INOrton	8-1865 Iredochurch (	FAX (A/C, Ne) (D/()	978 454 1885
			IONG COVERAGE	NAIC F
	SHURERA I Philadel	ntia Indemni	y Insurance Company	18058
SURED STACKES C	UNSURBRUE GRADITE	State HC & H	S Trust	
eacoast Mentol Health Contor Inc. 145 Sagamora Avenue	INSURER C .			
ortsmouth NH 03801	WITHRER D			
	INSURER E			
	INSURARE			
OVERAGES CERTIFICATE NUMBER: 937323603	I many services and services an		REVISION NUMBER:	
THIS IS TO CERTULY THAT THIC POLICIES OF INSURANCE LISTED BELOW IN INDICATED NOTWITISTANDING ANY REQUIREMENT TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORE FREIUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE A ADD. SUBR	I OF ANY CONTRACT DEO BY THE POLICIE E DEEN REQUCED BY	OR OTHER S DESCRIDE PAID CLAIMS	DOCUMENT WITH RESPR D HEREIN IS SUBJECT T	CT TO WARCH THE
HE TYPE OF HELINOLE	POLICY EFF.	POLICYERP	L124	rs
X CONNERCIAL DENERAL LIABLITY	14051142	3/1/2022	LACHDECHRAFIER DAVAGE TO RENTFD PREV SES (FE BOUNDACE)	5 1 000 000
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			HIRSONN ANDVINUES	51000000
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an of the X of			or 12 MAL ADDAL ((A) I PRODUCTS - COMPANY ADD	3 3 000 000
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WORKERS COMPENSATION	2/1/2021	2/1/2022	X 144 0"	<u> </u>
AND EMPLOYERS' LADILLEY YE IN A SECTOR YE IN A SECTOR OF A			1,1 FACH ACC-DUVI	5 1 000 000
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1 yes Helden unter			EL DISLASE, PD Cr. VI	
Protestional an to	20202	3/1/2022	\$1 000 000	Per Occurrence
			310000	Annual Aggregate
CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES IACORD 191. Additional Remarks School	ulo, may be attached if men		rd)	
SCRIPTION OF OPERATIONS + LOGATIONS / VEHICLES IACORD 191, Additional Remarks School	ulė, mey be allachad il man	a space is requir	ta .	
	CANCELLATION	· ·		
RTIFICATE HOLDER	UNITO CLEMITON			
Soacoasi Menial Health Center Inc	SHOULD ANY OF 1	DATE TH	ESCRIBED POLICIES BE D EREOF. NOTICE WILL Y PROVISIONS.	ANCELLED BEFOR BE DELIVERED (
	SHOULD ANY OF T THE EXPERATION		EREOF. NOTICE WILL	ANCELLED BEFOR

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	CERTIFICATE IS ISSUED AS A MAT ITFICATE DOES NOT AFFIRMATIVE OW. THIS CERTIFICATE OF INSUR- RESENTATIVE OR PRODUCER, AND	LY OR NE NCE DOI 1 THE CE	GATIVELY AMEND, EXTER ES NOT CONSTITUTE A C RTIFICATE HOLDER.	ID OR ALTER THE C ONTRACT BETWEE!	OVERAGE A N THE ISSUD	IFFORDED BY THE POL 16 INSURER(9), AUTHO	icies Rized	
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HODUC				CONTACT Teri Devis				· · · · ·
CGI Bu	giness insusance			PHONE (868) 84	1-4600	AX AC Not	(886)	574-2443
Darte	nouth Drive				GiBusinessin			
			•		UNER(\$) AFFOR	IDING COVERAGE		. NAIC #
abum	1		NH 03032	Province A: Philadelo	this insurance			
	0		· · · · · · · · · · · · · · · · · · ·	HALWER : Philadelp	his indemnity	,	•	
	The Mental Health Center of Gri	iatar Manci	trester, Inc.	NOURER C: A.L.M. M	utual			
	401 Cypress Street			NSURER D :				
				NEURER E : -				
	Manchester		NH 03103-3626	INSURER F.				
			NUMBER: 21:22 Master			REVISION NUMBER:		
NEXC	IS TO CERTIFY THAT THE POLICIES OF ( CATED. NOTWITHSTANDING ANY REQUI TIFICATE MAY BE ISSUED OR MAY PERT/ LUSIONS AND CONDITIONS OF SUCH PO	REMENT, TI SN, THE IN LICIES, LIN	ERALOR CONDITION OF ANY SURANCE AFFORDED BY THE ATS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER POLICIES DESCRIBEI	DOCUMENT N D HEREDN 15 \$	WITH RESPECT TO WHICH	His	
	TYPE OF DISURANCE	NEO WYD	POLICY HUMBER	POLICY EFF DRM/DOM/YYY	POLICYEXP.		TS	
Т	CONNERCIAL GENERAL LIABILITY					EACH DOCURRENCE	5 1,00	0.000
						PREAME TO RENTED	\$ 100	,000
7	Protessional Lab Try \$2M Apg				· ·	NED EXP (Any one person)	\$ 5,00	0
				04/01/2021	04/01/2022	PERSONAL & ADV INUNRY	\$ 1,00	0,000
G	ENTL ACIGREGATE LUNT APPLIES PER					GENERAL AQOREDATE -	\$ 3,00	000,000
5			· ·			PRODUCTE - COMPIOP ADG	1 3.00	00.00
f	OTHER	.	,			Sexual/Physical Abuse or	\$ 1,0	0.00
-	UTOMOBILE LIABILITY		· · · · · · · · · · · · · · · · · · ·			DOMENTED-BORGLE LENUT	\$ 1.00	0.000
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	AUTOS ONLY		111	04/01/2021	04/01/2022	BOOLY HUURY (Per sociale)	8	,
				1.		PROPERTY DAMAGE	1	
Ē	· · · · · · · · · · · · · · · · · · ·			·		Hired/borrowed Lizbility	\$ 1.0	0,000
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1.0			P		•••	EL. DISEASE - EA ENPLOYEE	-	.000
ot	EL CITATION OF OPENATIONS WAR		· · · · · · · · · · · · · · · · · · ·			EL DISEASE - POUCY LANT	3 500	000
	FRON OF OPENATIONS / LOCATIONS / VEHICLE		191. Additional Associa Schoolds.	mire be effected if mere d	nce la remittad		<u> </u>	
biker Ipplei anchi	ra Comp SA State: NH, MA & VT mental Names: Manchaster Mental Hast exter Mental Hasth Ventures. Inc. Intificate is issued for insured operations i	h Foundati	ions, Inc., Manchester Mentel			el Hezith Services, Inc.,		
ERTI	FICATE HOLDER	-	·	CANCELLATION	-			
	The Mental Health Centar of Gr 401 Cypress Street	sior Manc	hesler	THE EXPIRATION O ACCORDANCE WIT	ATE THEREO	SCRIBED POLICIEB BE CA F, NOTICE WILL BE DELIVE Y PROVISIONS.		DEFORE
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A	ar B	otton.cerimquest@	MB/SIN	<b></b>						URSR(S) AFFOI	IONO COVERNOE		NACE
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nų;	ALC .	Xentral Services, Inc					-	INSURE	R B : Capilol Ind	emaily Corp.			10472
		anezi Services, inc esi Central Behviora		n .				INSURE	AC:				
91	Hano	wer Sireet, Suite 2						DISURS					
UØ	uang	m, NH 03766						NSUR					
						<u>.</u>		INSURE	M#:				
:01	/ER	AGES		CER	TIF	CATE	NUMBER:	-NYC	-010772228-03		<b>REVISION NUMBER: 2</b>		
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ACORD CERTIFICATE OF LIAI	BILITY INSU	JRANCE	= 1	(16/2020
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTE BELOW, THIS CERTIFICATE OF RISURANCE DOES NOT CONSTITUTE A C REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. DEPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polit the terms and conditions of the policy, certain policies may require an and	ND OR ALTER THE CONTRACT BETWEE	COVERAGE / IN THE ISSUE	IE CERTIFICATE HOLDER. THE REFORDED BY THE POLICIES. NG INSURER(S), AUTHORIZED ROGATION IS WAIVED, Subject	3
oertificate holder in lieu of such endorsement(s).			<u></u>	
PRODUCER	HAME TIDE HO	ORDED.	TRAY	
Neys Companies Inc.	FROME (AC: No. Eatit		ANC: Non	
133 Federal Street, 4th Ploor	ADORESD: Chousens		DING COVERAGE.	. NAIC 8
Boston NA 02110			ands Company, Inc.	42376
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9 Kanover Street, Suite 2			;;;;;;;;	÷
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Lebanon IDE 03766	INDURCE 0 1-			<del>/</del>
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COVERAGES CERTIFICATE NUMBER: 20-21 WC THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW MAYE BE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AL CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE	NY CONTRACT OR OT THE POLICIES DESCR IEN REDUCED BY PAI	HER DOCUME IBED HEREIN I D CLAIMS	NT WITH RESPECT TO WHICH THE	
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- <u>เการับสีรีร์</u>		j <u> </u>	COMBINED SINGLE LIMIT	
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DED RETENTION \$				
WORKERS COMPENSATION			X PER OTH	
		4	EL. BACH ACCIDENT \$	500,000
A (Municipatory in 1961)	\$/1/2029	6/1/2023	EL-DISEASE - EA DUPLOYIE	500,000
N yes, discrim under DESCRUPTION OF OPERATIONS below			EL CISEASE - POUCY UNIT	.500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACONS 191, Additional Remarks Behaduls, a	nay be ellight of Himere spi	co is any should	··	-
Evidence of Insurance Coverage				
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CERTIFICATE HOLDER	CANOCI - 4750			
	CANCELLATION			
Svidence of Coverage		DATE THEREON	Scribed Policies be cancelle F, Notice Will be delivered in Y Provisions.	O BEFORE 1
	AUTHORIZED REPRESE	TATIVE		
	James Hays/GSC	¥TC	. A.,	
	·@ 19	88-2014 AC	ORD CORPORATION. All rig	hts reserved.

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