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27F

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

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May 31, 2018

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

REQUESTED ACTION

Action #1: Authorize the Department of Health and Human Services, Division for Behavioral Health Services, to enter into **retroactive** amendments to agreements with eleven (11) of the thirteen (13) vendors listed below in bold for the provision of Regional Public Health Network services by modifying the scope of work for the continuum of care services, by decreasing the price limitation by \$898,842 from \$10,415,869, to \$9,517,027, **retroactive** to February 1, 2018, through the unchanged completion date of June 30, 2019, upon Governor and Executive Council approval. Funds are 92% Federal Funds, 8% General Funds.

Action #2: Authorize the Department of Health and Human Services, Division of Public Health to additionally amend agreements with two (2) of the thirteen (13) vendors (County of Cheshire and Lamprey Health Care) for the provision of services to reduce the public health effects on local populations resulting from severe weather events and seasonal climate threats by increasing the price limitation by \$159,990 from \$9,517,027 to \$9,677,017, effective upon Governor and Executive Council approval through the completion date of June 30, 2019. Funds are 100% Federal Funds.

The original contracts were approved by the Governor and Executive Council on June 21, 2017 Item #44. Lakes Region Partnership for Public Health was amended on March 30, 2018 by Department approval.

Summary Chart

VENDOR NAME	REGION SERVED	Current Budget	(Decrease)	Increase	Modified Budget
City of Nashua	Nashua	\$797,644	\$0	\$0	\$797,644
County of Cheshire	Cheshire	\$580,774	(\$79,325)	\$80,000	\$581,449
Greater Seacoast Community Health (formerly Goodwin Community Health)	Strafford	\$787,630	(\$91,269)	\$0	\$696,361
Granite United Way	Capital	\$788,906	(\$80,500)	\$0	\$708,406
Granite United Way	Carroll	\$771,298	(\$80,528)	\$0	\$690,770
Granite United Way	South Central	\$757,239	(\$80,274)	\$0	\$676,965
Lamprey Health Care	Seacoast	\$753,734	(\$85,000)	\$79,990	\$748,724
Lakes Region Partnership for Public Health	Winnipesaukee	\$777,024	(\$89,282)	\$0	\$687,742

VENDOR NAME	REGION SERVED	Current Budget	(Decrease)	Increase	Modified Budget
Manchester Health Dept.	Manchester	\$1,167,744	\$0	\$0	\$1,167,744
Mary Hitchcock Mem Hospital	Sullivan	\$755,539	(\$77,378)	\$0	\$678,161
Mary Hitchcock Mem Hospital	Upper Valley	\$761,017	(\$74,074)	\$0	\$686,943
Mid-State Health Center	Central	\$770,782	(\$80,196)	\$0	\$690,586
North Country Health Consortium	North Country	\$946,538	(\$81,016)	\$0	\$865,522
	TOTAL	\$10,415,869	(898,842)	\$159,990	\$9,677,017

Funds are available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, with authority to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND PERFORMANCE

05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES

05-95-92-920510-3384 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, CLINICAL SERVICES

05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE CHANGE ADAPTATION

See attached Financial Detail Sheet

EXPLANATION

Requested Action #1 is retroactive due to funding limitations that leave the Department with insufficient resources to sustain the Continuum of Care scope of work through June 30, 2018 and requiring a reduction of scope through State Fiscal Year 2019. Due to these funding reductions, and after consultation with the vendors, the reduced scope of work should be made effective as of February 1, 2018.

Requested Action #1 seeks approval to amend eleven (11) of thirteen (13) agreements for the provision of Regional Public Health Network services by reducing the Continuum of Care scope of work. The remaining two (2) amendments for the remaining vendors will be presented at a future Governor and Executive Council meeting.

In 2016, the NH Department of Health and Human Services/Bureau of Drug and Alcohol Services (DHHS/BDAS) determined that the best way to prevent and/or decrease the damages caused to the citizens of NH by substance misuse was to develop a robust, effective and well-coordinated continuum of care (CoC) of prevention, early identification and intervention, treatment and recovery support service that would integrate with primary health care and mental health care in every region of the state. In SFY2016-2017 and SFY2018-2019 DHHS/BDAS provided funds to thirteen (13) regional public health networks to hire a CoC Facilitator to work with regional stakeholders to implement this work.

In those SFYs, CoC Facilitators convened regional substance misuse services, primary health care services, and mental health services stakeholders to provide education and support to RPHNs on substance misuse issues, to perform and update annually a comprehensive assessment of substance misuse service assets and gaps in each region, and to develop, implement and update annually a regional CoC plan that details actions to maximize assets and address gaps. These actions resulted in the implementation of, and/or increased capacity for, ten (10) Prevention services, seven (7) Early Identification and Intervention services, seven (7) Treatment programs and ten (10) Recovery Support Services programs across the state as a result of facilitation by and/or significant involvement of the CoC Facilitator. Additionally, CoC development work provided information, connection and ongoing support to other related DHHS projects like the Integrated Delivery Network (IDN) initiative.

While the primary goal of developing robust, effective and well-coordinated CoCs will continue, due to a reduction in funding it is necessary to reduce the CoC scope of service. These reductions allow the Department to ensure that duplication between maturing IDNs and existing CoC work is mitigated. These changes in SFY2019 include an ongoing updating of assets and gaps assessments and regional CoC development plans rather an annual update. Additionally, CoC development work will focus on developing working partnerships and shared activities that increase access and to services (as evidenced by increase admissions to services), and to increase communication and collaboration among providers (as evidenced by the number of providers involved in RPHN and IDN substance misuse planning, and cross-referral agreements).

The Continuum of Care funding is being reduced through this amendment as a result of one-time funding by the federal government and the State Legislature in SFY17 that did not carry over into SFY18. The Department has had to prioritize how it could deploy all funding sources – Federal, State and Governor’s Commission – to provide critical services. As a result, the Department has had to reduce the budget for the CoC positions by 50% in SFY18 and SFY19.

All thirteen (13) vendors were selected through a competitive bid process. The Department is satisfied with the services that have been provided by the vendors as demonstrated by increased capacity for prevention services, early identification and intervention services, treatment services, and recovery support services as delineated above.

Requested Action #2 seeks approval to amend two (2) of the thirteen (13) contracts for the County of Cheshire and Lamprey Health Care to provide for the development of a plan of action to reduce the public health effects on local populations that result from severe weather events and seasonal climate threats effecting communities in Cheshire county and the Seacoast region. These two (2) agencies were selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 2, 2018 through February 9, 2018. The Department received two (2) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summary is attached.

The services provided by these amendments will enable the Department to fulfill deliverables under a cooperative agreement with the Center for Disease Control (CDC) for Building Resilience to Against Climate Effects (BRACE). Benefits will include improved regional public health workforce capacity to address environmental threats such as heat waves, flooding, severe storms, or extended seasonal impacts such as drought, pollen, or exposure to ticks and mosquitos. Funds will be used to reduce the public health impacts of extreme weather events for populations of all ages, with a focus on vulnerable populations of outdoor workers, physically active or recreational groups, and the chronically ill or elderly. The funds will be directed to community projects via the delivery of evidence-based interventions meant to reduce the health burdens of extreme weather events. A two-phase project will encompass an assessment phase to identify weather hazards, and an implementation phase to take action at the community level. In addition, the projects will partner with local emergency management, local public health, and volunteer support organizations to coordinate on disaster planning, response, recovery, outreach, and injury prevention. The funds will assist communities to identify regional weather hazards and health risks, select viable interventions, improve disaster resilience, and allow communities to prevent weather-related injury, illness and death.

As referenced in the Request for Proposals and in Exhibit C-1, Revisions to General Provisions, of this contract, the Department reserves the option to extend contract services for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Should Governor and Executive Council not authorize these Requests, both public health and substance use disorders services will be less coordinated and comprehensive throughout the State. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

Area served: statewide.

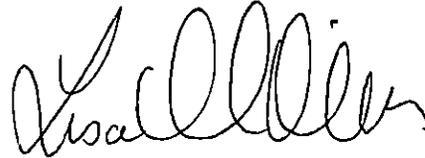
Source of Funds:

Action #1: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

Action #2: 100% Federal Funds from Centers for Disease Control and Prevention, National Center for Environmental Health, FOA# EH16-1602, CDFA# 93.070, FAIN# UE1EH001332.

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

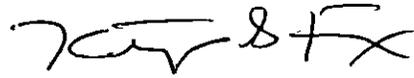
Respectfully submitted;



Lisa M. Morris

Director

Division of Public Health Services

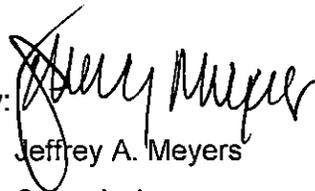


Katja S. Fox

Director

Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers

Commissioner



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

**Building Resilience Against Climate Effects
And Severe Weather**

RFP-2018-DPHS-19-BUILD

RFP Name

RFP Number

Reviewer Names

Bidder Name

1. County of Cheshire
2. Lamprey Health Care

Pass/Fail	Maximum Points	Actual Points
	285	222
	285	234

1. Matthew Cahillane, Public Health
Program Manager, DPHS
2. Kathleen Bush, Snr Mgmt Analyst,
Catostrophic Illness, DPHS
3. Neil Twitchell, Administrator I,
Communty Hlth Developmt, DPHS
4. Ellen Chase-Lucard, Financial
Administrator, DPHS, COST TEAM
5. Richelle (Shelly) Swanson, Financial
Administrator, DPHS, COST TEAM

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Mid-State Health Center

Vendor # 158055-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000
			SUB TOTAL	390,000	-	390,000

05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673	-	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000	-	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000	-	25,000
			Sub Total 2018	194,673		194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673	-	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000	-	52,000
			Sub Total 2019	194,673		194,673
			Sub-Total	389,346	-	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738	-	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000		20,000
		Sub Total 2018		81,738		81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738	-	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000		20,000
		Sub Total 2019		81,738		81,738
		Sub-Total		163,476	-	163,476

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366	-	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
		Sub Total 2018		84,166		84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366	-	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
		Sub Total 2019		84,166		84,166
		Sub-Total		168,332	-	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939	-	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000		10,000
		Sub Total 2018		84,939		84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939	-	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000		10,000
		Sub Total 2019		84,939		84,939
		Sub-Total		169,878	-	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
		Sub-Total		152,000	-	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983	-	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
		Sub Total 2018		85,783		85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983	-	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
		Sub Total 2019		85,783		85,783
		Sub-Total		171,566	-	171,566

Lamprey Health Care

Vendor #177677-R001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271	-	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
		Sub Total 2018		86,071		86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271	-	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
		Sub Total 2019		86,071		86,071
		Sub-Total		172,142	-	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863	-	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863	-	78,863
			Sub-Total	157,726	-	157,726

Manchester Health Department

Vendor # 177433-B009

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055	-	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168		57,168
	102-500731	Contracts for Prog Svc	90077408	25,000		25,000
			Sub Total 2018	285,223		285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055	-	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168		57,168
			Sub Total 2019	285,223		285,223
			Sub-Total	570,446	-	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Mid-State Health Center

Vendor # 158055-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
			Sub-Total	152,000	-	152,000

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500	-	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500	-	80,500
			Sub-Total	161,000	-	161,000
			SUB TOTAL	2,731,912	-	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
 CFDA #93.959 FAIN #T1010035

City of Nashua

Vendor # 177441-B011

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	92,669	-	92,669
	102-500731	Contracts for Prog Svc	92056504	40,490	-	40,490
		Sub Total 2018		133,159	-	133,159
SFY 2019	102-500731	Contracts for Prog Svc	92056502	91,162	-	91,162
	102-500731	Contracts for Prog Svc	92056504	41,244	-	41,244
		Sub Total 2019		132,406	-	132,406
		Sub-Total		265,565	-	265,565

County of Cheshire

Vendor # 177372-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	94,324	-	94,324
	102-500731	Contracts for Prog Svc	92056504	39,663	-	39,663
		Sub Total 2018		133,987	-	133,987
SFY 2019	102-500731	Contracts for Prog Svc	92056502	94,324	-	94,324
	102-500731	Contracts for Prog Svc	92056504	39,663	-	39,663
		Sub Total 2019		133,987	-	133,987
		Sub-Total		267,974	-	267,974

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	82,380	-	82,380
	102-500731	Contracts for Prog Svc	92056504	45,635	-	45,635
		Sub Total 2018		128,015	-	128,015
SFY 2019	102-500731	Contracts for Prog Svc	92056502	82,380	-	82,380
	102-500731	Contracts for Prog Svc	92056504	45,635	-	45,635
		Sub Total 2019		128,015	-	128,015
		Sub-Total		256,030	-	256,030

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,014	-	93,014
	102-500731	Contracts for Prog Svc	92056504	40,250	-	40,250
		Sub Total 2018		133,264	-	133,264
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,014	-	93,014
	102-500731	Contracts for Prog Svc	92056504	40,250	-	40,250
		Sub Total 2019		133,264	-	133,264
		Sub-Total		266,528	-	266,528

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,121	-	93,121
	102-500731	Contracts for Prog Svc	92056504	40,264	-	40,264
		Sub Total 2018		133,385	-	133,385
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,121	-	93,121
	102-500731	Contracts for Prog Svc	92056504	40,264	-	40,264
		Sub Total 2019		133,385	-	133,385
		Sub-Total		266,770	-	266,770

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,375	-	93,375
	102-500731	Contracts for Prog Svc	92056504	40,137	-	40,137
		Sub Total 2018		133,512	-	133,512
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,375	-	93,375
	102-500731	Contracts for Prog Svc	92056504	40,137	-	40,137
		Sub Total 2019		133,512	-	133,512
		Sub-Total		267,024	-	267,024

Lamprey Health Care

Vendor #177677-R001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	88,649	-	88,649
	102-500731	Contracts for Prog Svc	92056504	42,500	-	42,500
		Sub Total 2018		131,149	-	131,149
SFY 2019	102-500731	Contracts for Prog Svc	92056502	88,649	-	88,649
	102-500731	Contracts for Prog Svc	92056504	42,500	-	42,500
		Sub Total 2019		131,149	-	131,149
		Sub-Total		262,298	-	262,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	84,367	-	84,367
	102-500731	Contracts for Prog Svc	92056504	44,641	-	44,641
		Sub Total 2018		129,008	-	129,008
SFY 2019	102-500731	Contracts for Prog Svc	92056502	84,367	-	84,367
	102-500731	Contracts for Prog Svc	92056504	44,641	-	44,641
		Sub Total 2019		129,008	-	129,008
		Sub-Total		258,016	-	258,016

Manchester Health Department

Vendor # 177433-B009

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	98,040	-	98,040
	102-500731	Contracts for Prog Svc	92056504	37,805	-	37,805
		Sub Total 2018		135,845	-	135,845
SFY 2019	102-500731	Contracts for Prog Svc	92056502	98,040	-	98,040
	102-500731	Contracts for Prog Svc	92056504	37,805	-	37,805
		Sub Total 2019		135,845	-	135,845
		Sub-Total		271,690	-	271,690

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,267	-	93,267
	102-500731	Contracts for Prog Svc	92056504	40,191	-	40,191
		Sub Total 2018		133,458	-	133,458
SFY 2019	102-500731	Contracts for Prog Svc	92056502	99,275	-	99,275
	102-500731	Contracts for Prog Svc	92056504	37,187	-	37,187
		Sub Total 2019		136,462	-	136,462
		Sub-Total		269,920	-	269,920

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	99,575	-	99,575
	102-500731	Contracts for Prog Svc	92056504	37,037	-	37,037
		Sub Total 2018		136,612	-	136,612
SFY 2019	102-500731	Contracts for Prog Svc	92056502	99,575	-	99,575
	102-500731	Contracts for Prog Svc	92056504	37,037	-	37,037
		Sub Total 2019		136,612	-	136,612
		Sub-Total		273,224	-	273,224

Mid-State Health Center

Vendor # 158055-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,453	-	93,453
	102-500731	Contracts for Prog Svc	92056504	40,098	-	40,098
		Sub Total 2018		133,551	-	133,551
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,453	-	93,453
	102-500731	Contracts for Prog Svc	92056504	40,098	-	40,098
		Sub Total 2019		133,551	-	133,551
		Sub-Total		267,102	-	267,102

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	92,776	-	92,776
	102-500731	Contracts for Prog Svc	92056504	40,437	-	40,437
		Sub Total 2018		133,213	-	133,213
SFY 2019	102-500731	Contracts for Prog Svc	92056502	92,488	-	92,488
	102-500731	Contracts for Prog Svc	92056504	40,581	-	40,581
		Sub Total 2019		133,069	-	133,069
		Sub-Total		266,282	-	266,282
		SUB TOTAL		3,458,423	-	3,458,423

05-95-92-920510-3384 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, CLINICAL SERVICES

80% Federal Funds & 20% General Funds

CFDA #93.959

FAIN #T1010035

City of Nashua

Vendor # 177441-B011

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	40,490	-	40490.00
		Sub Total 2018		40,490	-	40490.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	41,243	-	41243.00
		Sub Total 2019		41,243	-	41243.00
		Sub-Total		81,733	-	81733.00

County of Cheshire

Vendor # 177372-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	39,662	(39,663)	0.00
		Sub Total 2018		39,662	(39,663)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	39,662	(39,663)	0.00
		Sub Total 2019		39,662	(39,663)	0.00
		Sub-Total		79,324	(79,325)	0.00

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	45,634	(45,635)	0.00
			Sub Total 2018	45,634	(45,635)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	45,634	(45,635)	0.00
			Sub Total 2019	45,634	(45,635)	0.00
			Sub-Total	91,268	(91,269)	0.00

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	40,250	(40,250)	0.00
			Sub Total 2018	40,250	(40,250)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	40,250	(40,250)	0.00
			Sub Total 2019	40,250	(40,250)	0.00
			Sub-Total	80,500	(80,500)	0.00

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	40,264	(40,264)	0.00
			Sub Total 2018	40,264	(40,264)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	40,264	(40,264)	0.00
			Sub Total 2019	40,264	(40,264)	0.00
			Sub-Total	80,528	(80,528)	0.00

Granite United Way -South Central Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	40,137	(40,137)	0.00
			Sub Total 2018	40,137	(40,137)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	40,137	(40,137)	0.00
			Sub Total 2019	40,137	(40,137)	0.00
			Sub-Total	80,274	(80,274)	0.00

Lamprey Health Care

Vendor #177677-R001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	42,500	(42,500)	0.00
			Sub Total 2018	42,500	(42,500)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	42,500	(42,500)	0.00
			Sub Total 2019	42,500	(42,500)	0.00
			Sub-Total	85,000	(85,000)	0.00

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	44,641	(44,641)	0.00
			Sub Total 2018	44,641	(44,641)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	44,641	(44,641)	0.00
			Sub Total 2019	44,641	(44,641)	0.00
			Sub-Total	89,282	(89,282)	0.00

Manchester Health Department

Vendor # 177433-B009

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	37,804	-	37,804.00
			Sub Total 2018	37,804	-	37,804.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	37,804	-	37,804.00
			Sub Total 2019	37,804	-	37,804.00
			Sub-Total	75,608	-	75,608.00

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	40,191	(40,191)	0.00
			Sub Total 2018	40,191	(40,191)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	37,187	(37,187)	0.00
			Sub Total 2019	37,187	(37,187)	0.00
			Sub-Total	77,378	(77,378)	0.00

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	37,037	(37,037)	0.00
			Sub Total 2018	37,037	(37,037)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	37,037	(37,037)	0.00
			Sub Total 2019	37,037	(37,037)	0.00
			Sub-Total	74,074	(74,074)	0.00

Mid-State Health Center

Vendor # 158055-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	40,098	(40,098)	0.00
			Sub Total 2018	40,098	(40,098)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	40,098	(40,098)	0.00
			Sub Total 2019	40,098	(40,098)	0.00
			Sub-Total	80,196	(80,196)	0.00

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	40,436	(40,436)	0.00
			Sub Total 2018	40,436	(40,436)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	40,580	(40,580)	0.00
			Sub Total 2019	40,580	(40,580)	0.00
			Sub-Total	81,016	(81,016)	0.00
			SUB TOTAL	1,056,181	(898,842)	157341.00

05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	-	-	-
			Sub Total 2018	20,000	-	20,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	11,000	-	11,000
	102-500731	Contracts for Prog Svc	92052410	-	-	-
			Sub Total 2019	11,000	-	11,000
			Sub-Total	31,000	-	31,000

County of Cheshire

Vendor # 177372-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	-	-	-
			Sub Total 2018	20,000	-	20,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	-	-	-
			Sub Total 2019	20,000	-	20,000
			Sub-Total	40,000	-	40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Granite United Way -South Central Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	78,375	-	78,375
		Sub Total 2018		98,375	-	98,375
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		208,375	-	208,375

Lamprey Health Care

Vendor #177677-R001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	81,863	-	81,863
		Sub Total 2018		101,863	-	101,863
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	82,431	-	82,431
		Sub Total 2019		102,431	-	102,431
		Sub-Total		204,294	-	204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Manchester Health Department

Vendor # 177433-B009

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	83,391	-	83,391
		Sub Total 2018		103,391	-	103,391
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	80,850	-	80,850
		Sub Total 2019		100,850	-	100,850
		Sub-Total		204,241	-	204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	88,979	-	88,979
		Sub Total 2018		108,979	-	108,979
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	83,220	-	83,220
		Sub Total 2019		103,220	-	103,220
		Sub Total 2021		-	-	-
		Sub-Total		212,199	-	212,199

Mid-State Health Center

Vendor # 158055-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub Total 2021		-	-	-
		Sub-Total		220,000	-	220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000
		SUB TOTAL		2,440,109	-	2,440,109

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

100% Federal Funds

CFDA #93.268

FAIN #H23IP000757

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760	-	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760	-	9,760
			Sub-Total	19,520	-	19,520

Mid-State Health Center

Vendor # 158055-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742	-	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742	-	10,742
			Sub-Total	21,484	-	21,484

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120	-	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120	-	9,120
			Sub-Total	18,240	-	18,240
			SUB TOTAL	169,244	-	169,244

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000	-	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000	-	85,000
			Sub-Total	170,000	-	170,000
			SUB TOTAL	170,000	-	170,000

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE CHANGE ADAPTATION

100% Federal Funds

CFDA #93.070

FAIN #NU1EH001332

Cheshire County

Vendor # 177372-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90007936	-	11,430	11,430
SFY 2019	102-500731	Contracts for Prog Svc	90007936	-	68,570	68,570
			Sub-Total	-	80,000	80,000

Lamprey Health Care

Vendor #177677-R001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90007936	-	14,981	14,981
SFY 2019	102-500731	Contracts for Prog Svc	90007936	-	65,009	65,009
			Sub-Total	-	79,990	79,990
			SUB TOTAL	-	159,990	159,990
			TOTAL	10,415,869	(738,852)	9,677,017



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the County of Cheshire (hereinafter referred to as "the Contractor"), a municipality with a place of business at 12 Court Street, Keene, NH 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and increase the price limitation;

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

1. Add to Form P-37, General Provisions, Block 1.6, Account Number, as follows:
05-95-90-901510-7936-102-500731
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$581,449
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
5. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 5.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 5.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 5.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 5.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 5.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

6. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.
7. Add Exhibit A-2 Additional Scope of Services (Building Resilience Against Severe Weather and Climate Effects) as of Governor and Council approval of this amendment.
8. Exhibit B, Method and Conditions Precedent to Payment, Paragraph 1.1.5 to read:
 - 1.1.5 Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Climate and Health Adaptation and Monitoring Program (CHAMP), National Center for Environmental Health (NCEH), Catalog of Federal Domestic Assistance (CFDA #) 93.070, Federal Award Identification Number (FAIN) #E1EH001332.
9. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC, SFY 2018 in its entirety.
10. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
11. Add Exhibit B-1 Budget for Building Resilience Against Severe Weather and Climate Effects, SFY 2018, as of Governor and Council approval of this amendment.
12. Add Exhibit B-2 Budget for Building Resilience Against Severe Weather and Climate Effects, SFY 2019.
13. Add Exhibit K, DHHS Information Security Requirements.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

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

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

State of New Hampshire
Department of Health and Human Services

Lisa Morris
Director

6/1/18
Date

County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

May 30, 2018
Date

Acknowledgement of Contractor's signature:

State of New Hampshire, County of Cheshire on May 30, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Rodney Bouchard, JP
Name and Title of Notary or Justice of the Peace

My Commission Expires: 1/28/2020



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

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

OFFICE OF THE ATTORNEY GENERAL

6/5/18
Date

Lyn Cusack
Name: *Lyn Cusack*
Title: *Sr Asst AG*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.

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3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.

P. J. S.



Exhibit A-1

- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

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**Scope of Services for Building Resilience
Against Severe Weather And Climate Effects**

1. Provisions Applicable to All Services

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

2. Scope of Services

- 2.1. The Contractor shall provide services to all those who live, work, and visit the Monadnock Region, which encompasses the towns listed for the Greater Monadnock Public Health Network region on the Regional Public Health Network website located at: <https://nhphn.org/who-we-are/public-health-networks/>.
- 2.2. The Contractor shall provide services regarding the issue of extreme precipitation, flooding, storm damage, and related health effects or injuries including, but not limited to extreme winter weather events.
- 2.3. The Contractor shall build community resilience to extreme precipitation by collaborating with the Department, the Southwest Region Planning Commission (SWRPC) and Antioch University of New England (Antioch) to perform an assessment of existing information in order to document the hazards, human impacts, and/or health effects.
- 2.4. **Phase 1 – Planning:** During the first six (6) months of the project, the Contractor shall assess and document existing information regarding regional weather hazards, public health effects, and related intervention strategies. Assessments may include, but are not limited to:
 - 2.4.1. Prior hazard mitigation reports.
 - 2.4.2. Preparedness assessments including, but not limited to the Department's social vulnerability index.
 - 2.4.3. Community health assessments.
 - 2.4.4. Interviews with subject matter experts specific to a local community or the entire region.
- 2.5. The Contractor shall further assess regional weather hazards, public health effects, and related intervention strategies by ensuring SWRPC and Antioch:
 - 2.5.1. Utilize the Monadnock area Climate and Health Adaptation Plan (CHAP) (2017), and the Community Health Improvement Plan (CHIP), (2015).
 - 2.5.2. Utilize municipal hazard mitigation plans (HMPs) and local emergency operations plans (LEOPs), developed by towns in the Region.



Exhibit A-2

- 2.5.3. Collect information from previous projects, including an environmental scan.
 - 2.5.4. Collect relevant statistical data (hospital admission and injuries) from the two regional hospitals.
 - 2.5.5. Review research from Plymouth State University regarding trends in precipitation.
 - 2.5.6. Analyze national, state, and other regional plans.
 - 2.5.7. Compile a list of intervention strategies as may be identified in the CHIP, CHAP, HMPs and LEOPs as well as conduct additional research into additional interventions or promising practices.
- 2.6. The Contractor shall utilize resources including, but not limited to:
- 2.6.1. Monadnock area Climate and Health Adaptation Plan (CHAP) (2017)
 - 2.6.2. New Hampshire The Resilient Granite State: A Workbook Guide on Climate and Health Adaptation for Regional Public Health Networks
 - 2.6.3. Community Health Needs Assessment by Cheshire Medical Center, 2016
 - 2.6.4. Greater Monadnock Public Health Region Community Health Improvement Plan (CHIP) by GMPHN, 2015
 - 2.6.5. Monadnock Region Future: A Plan for Southwest New Hampshire by SWRPC, 2015
 - 2.6.6. Climate Change in Southern New Hampshire: Past, Present and Future by Sustainability Institute at the University of New Hampshire, 2014
 - 2.6.7. Climate Change and Human Health in New Hampshire: An Impact Assessment by the Sustainability Institute at the University of New Hampshire, 2014
 - 2.6.8. Preparing for Climate Change: A Strategic Plan to Address the Health Impacts of Climate Change in New Hampshire by New Hampshire Department of Health and Human Services, Division of Public Health Services, and Department of Environmental Services, 2010
 - 2.6.9. State Health Improvement Plan (SHIP): Charting a Course to Improve the Health of New Hampshire by New Hampshire Department of Health and Human Services, 2013
 - 2.6.10. State of NH Multi-Hazard Mitigation Plan by New Hampshire Department of Safety, 2013
 - 2.6.11. New Hampshire State Climate Action Plan, 2009
 - 2.6.12. President's Climate Action Plan by the White House, 2013
 - 2.6.13. Impacts of Climate Change on Human Health in the United States: A Scientific Assessment by US Global Change Research Program, 2016



- 2.6.14. Assessing Health Vulnerability to Climate Change: A Guide for Health Departments by the Center for Disease Control, 2015
- 2.6.15. Climate Models and the Use of Climate Projections: A Brief Overview for Health Departments by the Center for Disease Control, 2015
- 2.6.16. Climate Change and Human Health-Risks and Responses by the World Health Organization, 2003
- 2.6.17. All municipal HMPs from the thirty-three (33) towns in the Region.
- 2.7. The Contractor shall conduct at least two (2) stakeholder sessions with vulnerable populations and other key stakeholders including, but not limited to emergency and first responder personnel to learn of individuals' experiences with extreme precipitation or a changing climate, and to gather input on possible intervention strategies which shall include, but not be limited to:
 - 2.7.1. Employing a facilitator that is skilled in public speaking and experienced with the subject matter.
 - 2.7.2. Using a format/agenda for stakeholder and planning sessions which may include, but not be limited to:
 - 2.7.2.1. A brief introduction.
 - 2.7.2.2. A summary of work-to-date to create a Plan of Action.
 - 2.7.2.3. An explanation of the relevance of this work to the specific audience being addressed.
 - 2.7.2.4. Group discussion for stakeholders to participate in open dialogue, ask questions, and provide their ideas and feedback.
 - 2.7.3. Conducting sessions on different days of the week and times of the day in order to accommodate a range of individuals' schedules, and shall be flexible and may schedule additional sessions if needed in order to accommodate people from all interests and areas.
 - 2.7.4. Attempting to conduct the sessions as part of existing community events or existing professional meetings for stakeholders.
 - 2.7.5. Conducting sessions prior to planning sessions with the PHAC, so the Contractor and PHAC may take into consideration the data from the stakeholder sessions.
 - 2.7.6. Conducting sessions in the vicinity of vulnerable populations and stakeholder places of employment such as fire and police departments, and attempt to accommodate populations that have mobility constraints.
 - 2.7.7. Meeting with the Keene Cities for Climate Protection committee to seek their input and feedback.
- 2.8. The Contractor shall ensure the Public Health Advisory Council (PHAC) and the Regional Coordinating Council for Emergency Preparedness (RCCEP) are fully



Exhibit A-2

- engaged throughout the process of selecting and implementing an intervention strategy.
- 2.9. The Contractor shall submit a plan of action that is five to ten (5-10) pages in length utilizing Department templates, guidance, and samples, to the Department for approval prior to publishing the plan of action to their Regional Public Health Network (RPHN) website. The final plan of action shall include, but not be limited to the following elements:
- 2.9.1. A description of weather or climate hazards found in existing vulnerability assessments such as municipal Hazard Mitigation Plans, and identification of vulnerable populations via use of the NH Social Vulnerability Index.
 - 2.9.2. A description of the priority weather hazard, and corresponding health impact, that is being addressed in the region, which shall be reviewed and approved by the Regional Public Health Advisory Council (PHAC).
 - 2.9.3. An outline of any existing interventions in place in the region to address the weather hazard and/or health impact, and an outline of at least one evidenced-based intervention to implement at the community level.
 - 2.9.4. A table that outlines a timeline, resources, measurable objectives, and specific activities to support the intervention.
- 2.10. The Contractor shall participate in up to two (2) half-day trainings provided by the Department in Concord, New Hampshire regarding how to assess weather-related vulnerabilities, measure community preparedness, and implement the Center for Disease Control's (CDC's) Building Resilience Against Climate Effects (BRACE) framework.
- 2.11. Upon completion of Phase 1 - Planning, the Contractor shall publish all relevant planning materials to the Contractor's established public-facing web page associated with the RPHN, including any plans, reports, educational materials, trainings, videos or other resources.
- 2.12. **Phase 2 – Implementation** Beginning upon completion of Phase 1, the Contractor shall:
- 2.12.1. Participate in up to two (2) half-day trainings provided by the Department in Concord, New Hampshire regarding how to design, implement, and evaluate an Evidence-Based Public Health (EBPH) intervention according to the framework for BRACE.
 - 2.12.2. Collaborate with the Department on the development of the evidence-based intervention that establishes measurable objectives and evaluates change or improvements over time.
 - 2.12.3. Implement a minimum of one (1) EBPH intervention designed to address the priority weather hazard and/or health impact identified in the planning phase in order to improve public health at the population level.
 - 2.12.4. Write a report that is ten to fifteen (10-15) pages in length on the intervention methods, results, and evaluation of success.
- 2.13. Upon completion of Phase 2, the Contractor shall publish all relevant intervention materials to the Vendor's established public-facing web page associated with the RPHN, including the report referenced in Paragraph 3.2.7.4.



3. Meeting and Reporting Requirements

- 3.1. The Contractor shall participate in monthly one (1)-hour meetings and/or conference calls with the Department to review the budget, activities, and plan of action.
- 3.2. The Contractor shall submit a one (1)-page quarterly progress report to the Department thirty (30) days following the end of each quarter, describing the fulfillment of activities conducted in order to monitor program performance. Reports shall be in a format developed by the Department and include, but not be limited to:
 - 3.2.1. Brief narrative of work performed during the prior quarter.
 - 3.2.2. Progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the contract.
 - 3.2.3. Documented achievements including, but not limited to any products or services delivered to the target population.
 - 3.2.4. Identify barriers to providing services and provide a brief summary of how they will overcome the identified barriers in the following quarter.
- 3.3. The Contractor shall provide two (2) detailed 5-10 page reports on their findings, one at the end of the planning process (Phase 1), and one at the end of the intervention process (Phase 2).

4. Deliverables

- 4.1. The Contractor shall submit a brief one (1)-page quarterly progress report to the Department thirty (30) days following the end of each quarter, describing the fulfillment of activities conducted in order to monitor program performance.
- 4.2. The Contractor shall provide two (2) detailed 5-10 page reports on their findings, one at the end of the planning process (Phase 1), and one at the end of the intervention process (Phase 2).

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: CoC

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 22,931.00	\$ 2,293.10	\$ 25,224.10	
2. Employee Benefits	\$ 8,025.82	\$ 802.58	\$ 8,828.40	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 3,000.00	\$ 300.00	\$ 3,300.00	
6. Travel	\$ 1,500.00	\$ 150.00	\$ 1,650.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 600.00	\$ 60.00	\$ 660.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 36,056.82	\$ 3,605.68	\$ 39,662.50	

Indirect As A Percent of Direct

10.0%

RFP-2018-DPHS-01-REGION-02

Page 1 of 1

Contractor Initials: PLS

Date: 5/30/18

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Program Name: County of Cheshire

Budget Request for: Regional Public Health Network Services
Building Resilience Against Severe Weather And Climate Effects

Budget Period: SFY 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ 29.00	\$ 3.00	\$ 32.00	\$ -	\$ -	\$ -	\$ 29.00	\$ 3.00	\$ 32.00
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 286.00	\$ 29.00	\$ 315.00	\$ -	\$ -	\$ -	\$ 286.00	\$ 29.00	\$ 315.00
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 10,293.00	\$ 790.00	\$ 11,083.00	\$ -	\$ -	\$ -	\$ 10,293.00	\$ 790.00	\$ 11,083.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 10,608.00	\$ 822.00	\$ 11,430.00	\$ -	\$ -	\$ -	\$ 10,608.00	\$ 822.00	\$ 11,430.00

Indirect As A Percent of Direct 7.7%

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Program Name: County of Cheshire

Budget Request for: Regional Public Health Network Services
Building Resilience Against Severe Weather And Climate Effects

Budget Period: SFY 2019

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ 171.00	\$ 17.00	\$ 188.00	\$ -	\$ -	\$ -	\$ 171.00	\$ 17.00	\$ 188.00
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,714.00	\$ 171.00	\$ 1,885.00	\$ -	\$ -	\$ -	\$ 1,714.00	\$ 171.00	\$ 1,885.00
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 61,758.00	\$ 4,739.00	\$ 66,497.00	\$ -	\$ -	\$ -	\$ 61,758.00	\$ 4,739.00	\$ 66,497.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 63,643.00	\$ 4,927.00	\$ 68,570.00	\$ -	\$ -	\$ -	\$ 63,643.00	\$ 4,927.00	\$ 68,570.00

Indirect As A Percent of Direct

7.7%

Contractor Initials *P.H.*

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

P.S.

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

P. A.



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

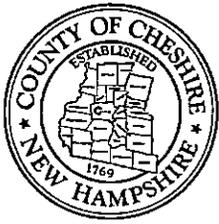
DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

B-M



County of Cheshire

12 Court Street, Keene, NH 03431

Website: www.co.cheshire.nh.us

CERTIFICATE OF VOTE

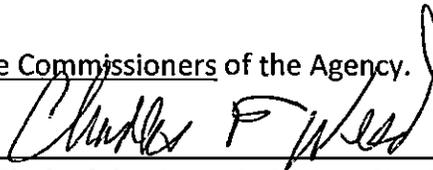
I, Charles Weed, Clerk of the Commissioners, do hereby certify that:

1. I am a duly elected Officer of the County of Cheshire.
2. The following is a true copy of the resolution duly adopted at a meeting of the Commissioners of the County of Cheshire duly held on May 30, 2018:

RESOLVED: That the Chair of the Commissioners is hereby authorized on behalf of this County to enter into the said grant contract with the State of New Hampshire Department of Health and Human Services and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 30th day of May, 2018.

4. Peter Graves is the duly elected Chair of the Commissioners of the Agency.

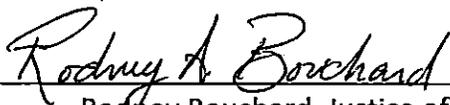


(Clerk of the Commissioners, Charles Weed)

STATE OF NEW HAMPSHIRE

County of Cheshire

The forgoing instrument was acknowledged before me this 30th day of May, 2018 by Charles Weed.



Rodney Bouchard, Justice of the Peace

Commission Expires: 1/28/2020

Area Code 603



CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex³) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex³ is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex³ is entitled to the categories of coverage set forth below. In addition, Primex³ may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex³, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex³ Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only, Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex³. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the coverage categories listed below.

Participating Member: Cheshire County 33 West Street Keene, NH 03431		Member Number: 601	Company Affording Coverage: NH Public Risk Management Exchange - Primex ³ Bow Brook Place 46 Donovan Street Concord, NH 03301-2624		
X	Type of Coverage	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Limits - NH Statutory, Limits May Apply, If Not:	
	General Liability (Occurrence Form)	1/1/2018	1/1/2019	Each Occurrence	\$ 5,000,000
	Professional Liability (describe)			General Aggregate	\$ 5,000,000
	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence			Fire Damage (Any one fire)	
				Med Exp (Any one person)	
	Automobile Liability			Combined Single Limit (Each Accident)	
	Deductible Comp and Coll: \$1,000			Aggregate	
	<input type="checkbox"/> Any auto				
X	Workers' Compensation & Employers' Liability	1/1/2018	1/1/2019	X Statutory	
				Each Accident	\$2,000,000
				Disease -- Each Employee	\$2,000,000
				Disease -- Policy Limit	
	Property (Special Risk includes Fire and Theft)			Blanket Limit, Replacement Cost (unless otherwise stated)	
Description: Proof of Primex Member coverage only.					

CERTIFICATE HOLDER:	Additional Covered Party	Loss Payee	Primex³ – NH Public Risk Management Exchange
			By: <i>Tammy Denver</i>
NH Department of Health and Human Services Brown Building 129 Pleasant Street Concord, NH 03301-3857			Date: 5/29/2018 tdenver@nhprimex.org
			Please direct inquires to: Primex³ Claims/Coverage Services 603-225-2841 phone 603-228-3833 fax



County of Cheshire

12 Court Street, Keene, NH 03431
Website: www.co.cheshire.nh.us

Cheshire County Commissioners (board member) List 2018

Peter Graves

Chair of the Commissioners

12 Court Street, Keene, NH 03431

Work: 603-352-8215

pgraves@co.cheshire.nh.us

District 1 Representing Chesterfield, Hinsdale, Surry, Swanzey, Walpole, Westmoreland and Winchester

Elected to a 2-year term January 1, 2017 to December 31, 2018

Joseph Cartwright

Vice Chair of the Commissioners

12 Court Street, Keene, NH 03431

Work: 603-352-8215

jcartwright@co.cheshire.nh.us

District 3 Representing Alstead, Dublin, Fitzwilliam, Harrisville, Jaffrey, Marlow, Nelson, Richmond, Rindge, Stoddard, Sullivan, Troy and Gilsum

Elected to a 2-year term January 1, 2017 to December 31, 2018

Charles "Chuck" Weed

Clerk of the Commissioners

12 Court Street, Keene, NH 03431

Work: 603-352-8215

cweed@co.cheshire.nh.us

District 2 Representing Roxbury, Keene, and Marlborough

Elected to a 4-year term January 1, 2015 to December 31, 2018

Area Code 603

♦ County Commissioners 352-8215/Fax 355-3026 ♦ Registry of Deeds 352-0403/Fax 352-7678 ♦ Finance Department 355-0154/Fax 355-3000 - 12 Court Street, Keene, NH 03431 ♦ County Sheriff 352-4238/Fax 355-3020 ♦ County Attorney 352-0056/Fax 355-3012 - 12 Court Street, Keene, NH 03431 ♦ Alternative Sentencing/Mental Health Court 355-0160/Fax 355-0159 - 265 Washington St. Keene N.H. ♦ Department of Corrections 825 Marlboro Street, Keene, 03431 - 903-1600/Fax 352-4044 ♦ Maplewood Nursing Home & Assisted Living 399-4912/Fax 399-7005 - TTY Access 1-800-735-2964 ♦ Facilities 399-7300/Fax 399-7357 ♦ Human Resources 399-7317/399-7378/Fax 399-4429 - 201 River Rd, Westmoreland, NH 03467 ♦ Grants Department 355-3023/Fax 355-3000 - 12 Court Street, Keene, NH 03431

Eileen M. Fernandes

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SUMMARY OF QUALIFICATIONS:

Proven ability to coordinate and organize diverse groups with common goals; 25 years' experience supporting individuals with severe and persistent mental health concerns, developmental disabilities, and/or poverty issues; Excellent organizational skills; Dependable and reliable; Proven ability in crisis intervention; ability to function effectively under pressure; Self-initiating, self-motivating; Proven problem-solving skills

PROFESSIONAL EXPERIENCE:

Cheshire Medical Center, Keene, NH, GMPHN Director, May 2007 - Present

Provide leadership for the development and readiness of regional, county, and local public health emergency response capabilities and capacities; facilitate efforts among regional public health system partners to strengthen the capabilities of public health system within the region; and participate in local health assessments.

Operation Flood Recovery, Keene, NH, Project Director, 2005–2007

Responsible for service delivery to individuals affected by flooding that occurred in five counties during October 2005. Tasks include: assessing and identifying unmet needs; coordinating with state and federal programs, local agencies, and volunteer groups assisting in recovery efforts; supervision of VISTA volunteer; program administration including budget management and the development of a data management system.

Cheshire Housing Trust, Keene, NH, Housing Program Director, 2003-2005

Responsibilities include planning, development, and service delivery of the Homeownership Resource Center which includes group and individual support to first time home buyers; coordination and implementation of the Individual Development Account Program; work in collaboration with the Executive Director to secure grant opportunities, supervise Housing Specialist and Property Manager.

Southeastern Vermont Community Action, Family Services Director, 2001-2003

Monadnock Family Services, Keene, NH, 1993 - 2001

Coordinator of Residential & Special Mental Illness Management (1995-2001)

Case Manager (1994-1995)

Vocational Specialist (1993-1994)

Circles of Care, Incorporated, Melbourne, FL, 1986 - 1993

(Comprehensive community mental health center)

Case Management Coordinator (1989-1993)

Lead Case Manager (1987-1989)

Case Manager (1986-1987)

EDUCATION/TRAINING:

Marlboro College Graduate School, Brattleboro, VT.

Master of Science in Management- Health Care Administration, 2012

North Adams State College, North Adams, MA.

Bachelor of Arts in Sociology, 1982

Christopher M. Goshea

SUMMARY OF QUALIFICATIONS:

Proven ability to engage and gather community groups; Over 10 years of experience as a Firefighter/EMT; Excellent planning and evaluation skills; proven experience facilitating and training community groups.

PROFESSIONAL EXPERIENCE:

CMC/DHK, Emergency Preparedness Coordinator, March 2017 - Present

Provide leadership for RPHEP; facilitate cross-sector efforts to increase regional resilience; and organize and direct over one hundred volunteers; active on the Public Health Advisory Council and section lead for the Community Health Improvement Plan Emergency Preparedness chapter; representative on multiple regional planning and action groups; plan and execute multiple regional drills and exercises; facilitate and promote regional trainings.

Baystate Franklin Medical Center, EP Coordinator Sept. 2015 – Feb. 2017

Represent the hospital on various committees and boards within and along with various community partners; Coordinate education and training for front-line staff in various emergency preparedness activities; plan, prepare, and document emergency response plans; lead by organizing, tracking, and maintaining compliance and training Incident Command Structure (ICS); stock and maintain various personal protective equipment (PPE) items.

EDUCATION/TRAINING:

- EMT – Paramedic Program, Greenfield Community College, Greenfield, MA, 2011
- EMT – Intermediate Program, Greenfield Community College, Greenfield, MA, 2008
- EMT – Basic Program, Greenfield Community College, Greenfield, MA, 2006

CERTIFICATIONS:

- Firefighter I/Firefighter II
- HAZMAT First Responder Operational Level
- National Registry Paramedic (NREMTP) #M5024703
- Massachusetts EMT-Paramedic #P872777
- American Heart Association CPR Instructor
- Small Animal handling and Pet First Aid (SMARTAID)
- Incident Command System 200, 300, and 400
- Certificate of Appreciation- MEMA Nuclear Preparedness Drill
- Emergency Responder Health Monitoring and Surveillance IS-930
- Active Shooter: What You Can Do IS-907
- National Response Framework IS-800.b
- Applying ICS to Healthcare Organizations ICS-200
- Public Information Officer Awareness IS-029
- Incident Command System for Structural Collapse
- Introduction to the Incident Command System ICS-100
- National Incident Management System (NIMS) IS-700

JANE ELLEN SKANTZ

Highly enthusiastic and self-motivated non-profit professional with the ability to work under pressure and meet tight deadlines Excellent knowledge of New Hampshire community and resources. Highly skilled in working cross-functionally Strong communication skills for supporting colleagues, supervisors and clients.

Substance Misuse Prevention Coordinator **October 2017-Present**

Cheshire Medical Center/Dartmouth Hitchcock | Keene, NH

- Work with the communities in the Monadnock Region to build relationships and partnerships.
- Coordinate events to support and strengthen the strategic plan in coordination with the various region/topic specific coalitions.
- Ensure coordination of Monadnock Region awareness and educational opportunities in coordination with the various region/topic specific coalitions.
- Ensure promotion of the Monadnock Region coalition activities and achievements in coordination with the various region/topic specific coalitions.
- Provide technical assistance for substance misuse and abuse prevention to local communities, coalitions; school districts and stakeholders.

Community Health Coordinator **July 2016-October 2017**

Cheshire Medical Center/Dartmouth Hitchcock | Keene, NH

- Works with local municipalities in order to create tobacco-free policies in recreation areas. To date 9 towns in Cheshire County have implemented tobacco-free policies at 52 sites.
- Organizes community events such as Bag the Butts which included over 100 volunteers at sites in Keene, Swanzey and Winchester.
- Collaborates with community partners, including local Drug-Free Community coalitions, to further tobacco prevention and control activities and strategies that promote the reduction of smoking among youth and adults, prevention/initiation of smoking, and reducing second hand smoke exposure.

Program Coordinator **October 2014-July 2016**

International Institute of New England in New Hampshire | Manchester, NH

- Directed the College for America program in partnership with Southern New Hampshire University in order to provide new American's access to an affordable and competency-based Associate's degree program
- Implemented College for America program outreach, recruitment, support services, and development
- Coordinated the implementation of School Impact Programming for over 200 refugee students by providing oversight of social services to refugee students and families
- Facilitated the implementation of volunteer program, stakeholder development, events, community outreach and donations
- Managed refugee cases, ensuring timely delivery of services and fulfillment of services including airport pickups, referral services, household set-up, public benefit assistance, home visits, school enrollment, and more

Microenterprise Program Coordinator **December 2012 – September 2014**

International Institute of New England in New Hampshire | Manchester, NH

- Organized and coordinated community and organizational events such as New Hampshire World Refugee Day an event with 300+ attendees and over 20 community partners
- Identified and developed relationships with key professionals from state and local government, business and nonprofit organizations for program development
- Directed the research, development, field-testing, and evaluation of curriculum which included Micro-Entrepreneurship,
- Child Behavior and Development, Health and Safety, Financial Literacy and Business
- Planned and implemented strategic marketing and outreach activities to ensure client business growth

EDUCATION: Bachelor of Arts in Political Science, Plymouth State University, 2010

Megan Butterfield

!com

SUMMARY OF QUALIFICATIONS:

Over 5 years' experience providing complex secretarial and administrative support services. Excellent problem solving and interpersonal skills. Proven ability to coordinate fiscal and budgetary tasks. Strong IT skills. Proven ability to maintain, gather, and analyze data.

PROFESSIONAL EXPERIENCE

Cheshire Medical Center/ Dartmouth-Hitchcock

Keene, NH

Program Assistant

January 2016- present

Responsibilities: Maintain, gather, and analyze data for financial records and department activities, compile minutes for various department and community meetings, plan and schedule meetings for department, maintain budget and invoicing for department grants, support staff projects and programs through research and creation of materials, edit and maintain website, assist and interact with community partners engaged in community health initiative.

Cheshire Medical Center/ Dartmouth-Hitchcock

Keene, NH

Float Receptionist

June 2011 – December 2015

Responsibilities: Covered reception desk in 20+ medical departments, answered phones, interacted with patients, scheduled appointments, served as liaison between patients and medical staff, completed data entry, organized new data for grant submission, completed preauthorization for medications, communicated with insurance companies.

EDUCATION/CERTIFICATIONS

Ithaca College

Ithaca, NY

Bachelor of Science - Television-Radio

May 2015



Cheshire Medical Center Dartmouth-Hitchcock Keene

Job Description

JOB TITLE:	Continuum of Care Facilitator	DEPARTMENT:	Center for Population Health
JOB CODE:		FLSA:	
REPORTS TO:	Tobacco Program Manager	DATE:	
PURPOSE OF POSITION:	This position will work closely with the Greater Monadnock Public Health staff and its community's partners to ensure the development of a regional continuum of care.		

ESSENTIAL FUNCTIONS:	Primary accountability and results for specific essential functions of the job. List by order of importance. This list of is not exhaustive and may be supplemented or changed as necessary.
1.	Work with RPHN partners (PHAC, SMP Coordinator, others) to identify subject matter experts from the following components to a "regional continuum of care work group": Prevention, Intervention, Treatment, and Recovery
2.	Convene subject matter experts from the above (and other interested and appropriate parties) to a regional continuum of care work group that will: <ul style="list-style-type: none"> • Provide ongoing education to the PHAC on the continuum of care. • Participate in an assessment of continuum of care services assets, gaps, and barriers to access and/or coordination. • Develop a work plan to address issues identified in the assessment.
3.	Recruit representatives from community mental clinics and other behavioral health providers, hospitals, clinics and other health care providers to the "regional continuum of care work group" to help further the integration of health care and behavioral health.
4.	Identify and support leadership for each component area (example: Prevention – Substance Misuse Prevention Coordinator) to serve as communication liaison for their component.
5.	Facilitate a process that leads to the completion of an assessment of regional continuum of care assets, gaps and barriers
6.	Facilitate a process that leads to the completion of a regional continuum of care development and enhancement plan that: <ul style="list-style-type: none"> • Identifies continuum of care assets, and how those assets will be engaged to build the continuum of care system. • Describes an approach to address gaps. • Describes an approach to addressing barriers to service access and/or coordination. • Identifies partners and their roles in addressing the above.
7.	Continue to recruit additional members and refine the regional continuum plan according to opportunity and need.
8.	Report to PHAC on assessment and planning progress.
9.	Work with PHAC to align continuum of care planning with DHHS Integrated Delivery System Network and the regional Community Health Improvement Plan.
10.	Participate in the development of an evaluation plan to assess continuum of care development progress, needs, and results.
11.	Participate in the writing and submission of contract reports related to continuum of care development.
12.	Work with BDAS and its technical assistance partners to provide ongoing continuum of care education, training and technical assistance to PHAC and other partners.



Cheshire Medical Center Dartmouth-Hitchcock Keene

Job Description

13.	Participate in education, training and technical assistance opportunities offered by BDAS and/or its technical assistance partners to support continuum of care development work.
14.	File required reports and attend meetings as required by CMC/DHK, fiscal agent (Cheshire County), BDAS, DHHS-DPHS, and other funders
15.	Assist supervisor and department staff with diverse public health projects.

QUALIFICATIONS needed to perform at a proficient level and be fully qualified. Show <u>minimum</u> requirements.		
1.	Minimum Education:	Bachelor's degree required from an accredited college or university with a major in Community and/or System Development, Social Work, Public Health, Public Administration or a related field.
2.	Minimum Experience:	Three (3) years of experience in public health systems and/or community organizing. Experience working on multiple priorities simultaneously.
3.	Specific Skills, Knowledge and/or Competencies:	Skill in both verbal and written communication. Skill in the use of a computer and related software; demonstration of analytic skills including use of spreadsheets and databases; able to attend meeting in all parts of New Hampshire (provide own transportation); strong interpersonal, communication, facilitation, and organization skills; ability to work independently, ability to handle confidential information with maturity, sensitivity, and discretion.
4.	Licenses/ Certifications:	none
5.	Other:	

AGE SPECIFIC COMPETENCIES if this job serves specific age categories, indicate which one(s).		
<input type="checkbox"/> Neonate	<input type="checkbox"/> Adolescent	<input type="checkbox"/> Geriatric
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Adult	

PHYSICAL DEMANDS OF ESSENTIAL DUTIES/FUNCTIONS (summarize and complete chart below):
Minimal physical demands for this position.

Demand	Frequency of Action	Demand	Frequency of Action		
Standing	Frequent	Bending	Occasional	<p style="text-align: center;">Scale</p> <p>Occasional 0 - 33% of time</p> <p>Frequent 34 - 66% of time</p> <p>Constant 67 - 100% of time</p>	
Walking	Frequent				
Sitting	Frequent	Demand	Frequency of Action		Weight Involved
Seeing	Constant	Pulling	Occasional		10 lbs + under



Cheshire Medical Center Dartmouth-Hitchcock Keene

Job Description

Hearing	Constant	Pushing	Occasional	10 lbs + under		
Reaching	Occasional	Lifting	Occasional	10 lbs + under	Repetitive Motion	Frequency of Action
Grasping	Frequent	Carrying	Occasional	10 lbs + under		
Fine dexterity	Occasional	Gripping	Occasional	10 lbs + under	Single hand/Side of body	Not applicable
Kneel/crouch	Occasional				Both hands/sides of body	Not applicable

Exposure	Frequency	Exposure	Frequency
Body fluids, blood, tissues*	Not applicable	Heat/Cold	Not applicable
Radiation*	Not applicable	Wet/Humid (not weather related)	Not applicable
Toxic/Caustic Fumes*	Not applicable	Vibration	Not applicable
Chemicals*	Not applicable	Work near moving mechanical parts*	Not applicable
Electrical Shock*	Not applicable	*Training required when exposure is frequent part of the job.	

COUNTY OF CHESHIRE

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Eileen Fernandes	PHAC Coordinator (1 FTE)	\$76,170	18.25%	\$13,901
Chris Goshea	PHEP Coordinator (1 FTE)	\$39,250	100%	\$39,250
Jane Skantze	SMP Coordinator (1 FTE)	\$41,850	80%	\$33,319
To Be Hired	CoC Facilitator (.5 FTE)	\$22,931	100%	\$22,931
Megan Butterfield	Program Assistant (1 FTE)	\$31,595	50%	\$25,798



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

Table with 5 columns: VENDOR NAME, REGION SERVED, SFY 2018, SFY 2019, TOTAL. Lists 13 vendors and their funding amounts for 2018, 2019, and a total of \$10,415,869.

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

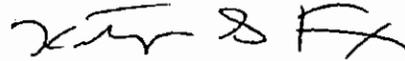
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

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

Respectfully submitted,

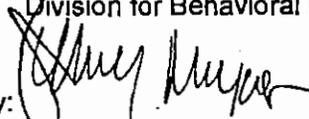


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds**

CFDA #93.959

FAIN #TI010035

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
			Sub-Total	317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
			Sub-Total	317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
			Sub-Total	317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
			Sub-Total	317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
			Sub-Total	317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
			Sub-Total	317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
			Sub-Total	317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
			Sub-Total	317,298
			SUB TOTAL	4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2
100% Federal Funds**

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
			Sub-Total	31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
			Sub-Total	40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



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

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

Regional Public Health Network
Services
RFP Name

RFP-2018-DPHS-01-REGION
RFP Number

Reviewer Names

Bidder Name (PHEP)
1. City of Nashua
2. Manchester Health Dept
3. 0
4. 0
5. 0
6. 0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-02

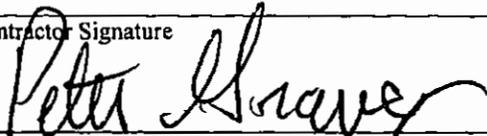
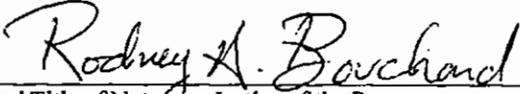
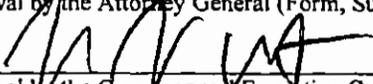
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name County of Cheshire		1.4 Contractor Address 12 Court Street Keene, NH 03431	
1.5 Contractor Phone Number 603-355-3023	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$580,774
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Peter Graves, Chair County Commissioners	
1.13 Acknowledgement: State of New Hampshire, County of Cheshire On: May 17, 2017, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">[Seal]</div>  <div style="margin-left: 20px;">COMMISSION EXPIRES: 1/28/2020</div> </div>			
1.13.2 Name and Title of Notary or Justice of the Peace Rodney Bouchard, JP			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 6/5/17			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.



Exhibit A

-
- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

Handwritten initials in black ink, appearing to be "RPH".



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>.
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.

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Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
 - 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
 - 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
 - 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
 - 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

R.H.



4.5. PHAC activities shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

P.J.H.



Exhibit A

- 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.
- 5.1.4.1.8. Meet with a team authorized by the Department once a year or as needed to conduct a site visit.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU .Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledge, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.

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Exhibit A

- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

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Exhibit A

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.



Exhibit A

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
 - 7.1.5.2. Annual update of regional CoC development plan.
 - 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
 - 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
 - 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B010T009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

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Exhibit B

2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 43,599.00	\$ 4,360.00	\$ 47,959.00	
2. Employee Benefits	\$ 14,824.00	\$ 1,482.00	\$ 16,306.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 8,960.00	\$ 896.00	\$ 9,856.00	
6. Travel	\$ 3,531.00	\$ 353.00	\$ 3,884.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,200.00	\$ 120.00	\$ 1,320.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,114.00	\$ 7,211.00	\$ 79,325.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: P.G.

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 44,471.00	\$ 4,447.00	\$ 48,918.00	
2. Employee Benefits	\$ 15,565.00	\$ 1,556.00	\$ 17,121.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 7,347.00	\$ 735.00	\$ 8,082.00	
6. Travel	\$ 3,531.00	\$ 353.00	\$ 3,884.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,200.00	\$ 120.00	\$ 1,320.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,114.00	\$ 7,211.00	\$ 79,325.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: *P.G.*

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

**Regional Public Health Network Services -
Budget Request for: PHAC**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 13,628.00	\$ 1,363.00	\$ 14,991.00	
2. Employee Benefits	\$ 4,634.00	\$ 463.00	\$ 5,097.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 174.00	\$ 17.00	\$ 191.00	
6. Travel	\$ 3,012.00	\$ 301.00	\$ 3,313.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 250.00	\$ 25.00	\$ 275.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 575.00	\$ 58.00	\$ 633.00	
12. Subcontracts/Agreements	\$ 5,000.00	\$ 500.00	\$ 5,500.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 27,273.00	\$ 2,727.00	\$ 30,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: *RS*

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 43,678.00	\$ 4,368.00	\$ 48,046.00	
2. Employee Benefits	\$ 14,851.00	\$ 1,485.00	\$ 16,336.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 869.00	\$ 87.00	\$ 956.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 942.00	\$ 94.00	\$ 1,036.00	
6. Travel	\$ 4,320.00	\$ 432.00	\$ 4,752.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,262.00	\$ 126.00	\$ 1,388.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,385.00	\$ 139.00	\$ 1,524.00	
12. Subcontracts/Agreements	\$ 7,000.00	\$ 700.00	\$ 7,700.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 74,307.00	\$ 7,431.00	\$ 81,738.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: P.E.J.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

**Regional Public Health Network Services -
Budget Request for: YAL**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,178.00	\$ 218.00	\$ 2,396.00	
2. Employee Benefits	\$ 741.00	\$ 74.00	\$ 815.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 500.00	\$ 50.00	\$ 550.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 858.00	\$ 86.00	\$ 944.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,665.00	\$ 166.00	\$ 1,831.00	
11. Staff Education and Training	\$ 240.00	\$ 24.00	\$ 264.00	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,182.00	\$ 1,818.00	\$ 20,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: P.J.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 40,092.00	\$ 4,009.00	\$ 44,101.00	
2. Employee Benefits	\$ 13,631.00	\$ 1,363.00	\$ 14,994.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,360.00	\$ 236.00	\$ 2,596.00	
6. Travel	\$ 5,159.00	\$ 516.00	\$ 5,675.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 7,871.00	\$ 787.00	\$ 8,658.00	
11. Staff Education and Training	\$ 3,000.00	\$ 300.00	\$ 3,300.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,113.00	\$ 7,211.00	\$ 79,324.00	

Indirect As A Percent of Direct

10.0%

\$ -

Contractor Initials: _____



Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 40,894.00	\$ 4,089.00	\$ 44,983.00	
2. Employee Benefits	\$ 14,313.00	\$ 1,431.00	\$ 15,744.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,360.00	\$ 236.00	\$ 2,596.00	
6. Travel	\$ 5,159.00	\$ 516.00	\$ 5,675.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 6,387.00	\$ 639.00	\$ 7,026.00	
11. Staff Education and Training	\$ 3,000.00	\$ 300.00	\$ 3,300.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,113.00	\$ 7,211.00	\$ 79,324.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: _____

P.G.

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,222.00	\$ 222.00	\$ 2,444.00	
2. Employee Benefits	\$ 778.00	\$ 77.00	\$ 855.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 500.00	\$ 50.00	\$ 550.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 837.00	\$ 84.00	\$ 921.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,665.00	\$ 167.00	\$ 1,832.00	
11. Staff Education and Training	\$ 180.00	\$ 18.00	\$ 198.00	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,182.00	\$ 1,818.00	\$ 20,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials:

P.H.

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 13,901.00	\$ 1,390.00	\$ 15,291.00	
2. Employee Benefits	\$ 4,865.00	\$ 486.00	\$ 5,351.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 170.00	\$ 17.00	\$ 187.00	
6. Travel	\$ 3,012.00	\$ 301.00	\$ 3,313.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 250.00	\$ 25.00	\$ 275.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 575.00	\$ 58.00	\$ 633.00	
12. Subcontracts/Agreements	\$ 4,500.00	\$ 450.00	\$ 4,950.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 27,273.00	\$ 2,727.00	\$ 30,000.00	

Indirect As A Percent of Direct

\$ -

10.0%

Contractor Initials: P.G.

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 44,552.00	\$ 4,455.00	\$ 49,007.00	
2. Employee Benefits	\$ 15,593.00	\$ 1,559.00	\$ 17,152.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 680.00	\$ 68.00	\$ 748.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 515.00	\$ 52.00	\$ 567.00	
6. Travel	\$ 4,320.00	\$ 432.00	\$ 4,752.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,262.00	\$ 126.00	\$ 1,388.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,385.00	\$ 139.00	\$ 1,524.00	
12. Subcontracts/Agreements	\$ 6,000.00	\$ 600.00	\$ 6,600.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 74,307.00	\$ 7,431.00	\$ 81,738.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: _____

R. J.



SPECIAL PROVISIONS

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

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

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

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

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

New Hampshire Department of Health and Human Services
Exhibit C



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

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or

Exhibit C – Special Provisions

Contractor Initials 



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

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

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

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

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

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

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

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

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

RJ



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

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

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

P.H.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

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

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

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

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

New Hampshire Department of Health and Human Services
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17
Date

Contractor Initials P.G.
Date 5/17/17



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17
Date

Contractor Initials
Date 5/17/17



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

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

INSTRUCTIONS FOR CERTIFICATION

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

P. J.



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17

Date

Contractor Initials

Date 5/17/17



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

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

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

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

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

Exhibit G

Contractor Initials

P.S.

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

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17
Date

Exhibit G

Contractor Initials

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



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17

Date

Contractor Initial P.G.

Date 5/17/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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

PLH



Exhibit I

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

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

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

P.H.



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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

PH



Exhibit I

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

(4) **Obligations of Covered Entity**

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

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



Exhibit I

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

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

Department of Health and Human Services

County of Cheshire

The State

Name of the Contractor

Lisa Morris
Signature of Authorized Representative

Peter Graves
Signature of Authorized Representative

Lisa Morris, MSSW

Peter Graves

Name of Authorized Representative

Name of Authorized Representative

Director

Chair County Commissioners

Title of Authorized Representative

Title of Authorized Representative

5/23/17
Date

5/17/17
Date

Contractor Initials PG

Date 5/17/17



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

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

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

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

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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17

Date



FORM A

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

1. The DUNS number for your entity is: 005128913
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?
- X NO YES

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

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

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?
- NO YES

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

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

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

Name: _____	Amount: _____



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 6th day of June, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Greater Seacoast Community Health (formerly named Goodwin Community Health) (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 311 Route 108, Somersworth, NH 03878.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

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

1. Form P-37, Block 1.3, to read Greater Seacoast Community Health.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read: \$696,361.
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
5. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.3 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
6. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

7. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
8. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
9. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

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

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

State of New Hampshire
Department of Health and Human Services

6/7/18
Date

[Signature]
Lisa Morris
Director

Greater Seacoast Community Health

6/7/2018
Date

[Signature]
Name:
Title:

Acknowledgement of Contractor's signature:

State of NH, County of Strafford on 6/7/2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Simone R. Talbot, Executive Asst.
Name and Title of Notary or Justice of the Peace

My Commission Expires: SIMONE R. TALBOT, Notary Public
State of New Hampshire
My Commission Expires September 13, 2022





New Hampshire Department of Health and Human Services
Regional Public Health Network Services

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

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

State of New Hampshire
Department of Health and Human Services

Date

Lisa Morris
Director

Greater Seacoast Community Health

6/7/2018
Date

[Signature]
Name:
Title:

Acknowledgement of Contractor's signature:

State of NH, County of Strafford on 6/7/2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Simone R. Talbot, Executive Asst.
Name and Title of Notary or Justice of the Peace

My Commission Expires: SIMONE R. TALBOT, Notary Public
State of New Hampshire
My Commission Expires September 13, 2022



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

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

OFFICE OF THE ATTORNEY GENERAL

4/8/18
Date

[Signature]
Name: Dean A. Kelly
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Greater Seacoast Community Health

Regional Public Health Network Services -
Budget Request for: COC

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$30,160.00	\$-	\$ 30,160.00	
2. Employee Benefits	\$6,635.20	\$-	\$ 6,635.20	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$192.52	\$-	\$ 192.52	
6. Travel	\$1,166.40	\$-	\$ 1,166.40	
7. Occupancy	\$2,000.00	\$-	\$ 2,000.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,200.00	\$-	\$ 3,200.00	
9. Software	\$100.00	\$-	\$ 100.00	
10. Marketing/Communications	\$300.00	\$-	\$ 300.00	
11. Staff Education and Training	\$1,880.38	\$-	\$ 1,880.38	
12. Subcontracts/Agreements	\$ -	\$-	\$ -	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 45,634.50	\$ -	\$ 45,634.50	

Indirect As A Percent of Direct

0.0%

RFP-2018-DPHS-01-REGION-03

Contractor Initials: JL

Page 1 of 1

Date: 6-7-18



Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



Exhibit K

DHHS Information Security Requirements

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a



DHHS Information Security Requirements

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



Exhibit K

DHHS Information Security Requirements

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a



Exhibit K

DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).



Exhibit K

DHHS Information Security Requirements

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

- 1. Identify Incidents;
- 2. Determine if personally identifiable information is involved in Incidents;
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
- 4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



Exhibit K

DHHS Information Security Requirements

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

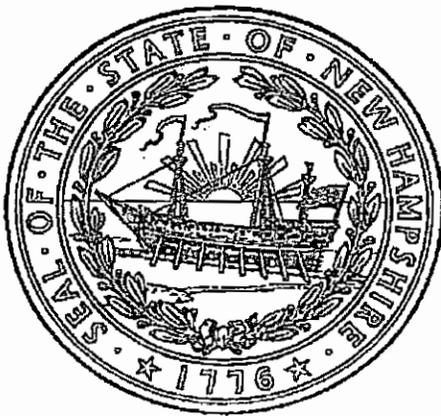
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GREATER SEACOAST COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. 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: 65587



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of March A.D. 2018.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Mike Burke, of Greater Seacoast Community Health, do hereby certify that:

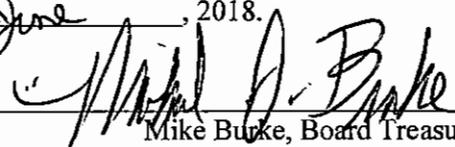
1. I am the duly elected Board Treasurer of Greater Seacoast Community Health;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Greater Seacoast Community Health, duly held on January 22, 2018;

Resolved: That this corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services for the provision of Public Health Services.

Resolved: That the Chief Executive Officer, Janet Laatsch, is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of June 7, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board ^{Treasurer MB} ~~Chair~~ of Greater Seacoast Community Health this 7th day of June, 2018.

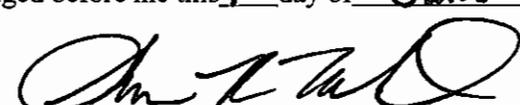


Mike Burke, Board Treasurer

STATE OF NH

COUNTY OF STRAFFORD

The foregoing instrument was acknowledged before me this 7th day of June, 2018 by Mike Burke.

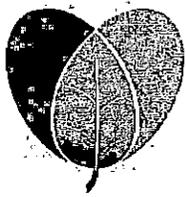
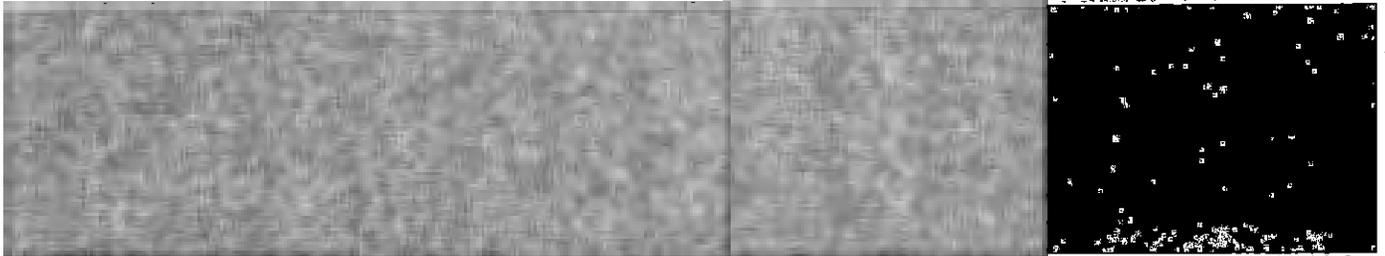


Notary Public/Justice of the Peace

My Commission Expires: Sept. 13, 2022

SIMONE R. TALBOT, Notary Public
State of New Hampshire
My Commission Expires September 13, 2022

We are in the process of developing a unified mission statement. Families First Health and Support Center and Goodwin Community Health have a patient-first focus and shared missions of removing whatever barriers stand in the way of a person's ability to access quality health care. Currently, Families First's mission is *"to contribute to the health and well-being of the Seacoast community by providing a broad range of health and family services to all, regardless of ability to pay."* The mission of Goodwin Community Health is *"to provide exceptional health care that is accessible to all people in the community."*



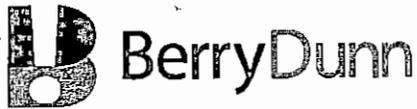
Goodwin
Community Health

FINANCIAL STATEMENTS

June 30, 2017

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Goodwin Community Health

We have audited the accompanying financial statements of Goodwin Community Health (the Organization), which comprise the balance sheet as of June 30, 2017, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Goodwin Community Health as of June 30, 2017, and the results of its operations, changes in its net assets and its cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 21, 2017

GOODWIN COMMUNITY HEALTH

Balance Sheet

June 30, 2017

ASSETS

Current assets	
Cash and cash equivalents	\$ 2,186,923
Patient accounts receivable, less allowance for uncollectible accounts of \$203,232	1,083,107
Grants receivable	902,280
Inventory	148,100
Other current assets	<u>14,841</u>
Total current assets	4,335,251
Investments	1,136,292
Investment in limited liability company	20,298
Property and equipment, net	<u>6,004,587</u>
Total assets	<u>\$11,496,428</u>

LIABILITIES AND NET ASSETS

Current liabilities	
Accounts payable and accrued expenses	\$ 161,654
Accrued payroll and related expenses	572,658
Patient deposits	117,232
Deferred revenue	<u>47,147</u>
Total current liabilities	898,691
Net assets	
Unrestricted	<u>10,597,737</u>
Total liabilities and net assets	<u>\$ 11,496,428</u>

The accompanying notes are an integral part of these financial statements

GOODWIN COMMUNITY HEALTH

Statements of Operations and Changes in Net Assets

Year Ended June 30, 2017

Operating revenue and support	
Patient service revenue	\$ 7,797,344
Provision for bad debts	<u>(365,013)</u>
Net patient service revenue	7,432,331
Grants, contracts, and contributions	4,175,262
Equity in earnings of limited liability company	4,095
Other operating revenue	<u>49,854</u>
Total operating revenue and support	<u>11,661,542</u>
Operating expenses	
Salaries and benefits	7,887,304
Other operating expenses	2,464,700
Depreciation	247,515
Interest expense	<u>26,739</u>
Total operating expenses	<u>10,626,258</u>
Operating surplus	<u>1,035,284</u>
Other revenue and gains	
Investment income	18,122
Change in fair value of investments	<u>25,078</u>
Total other revenue and gains	<u>43,200</u>
Excess of revenue over expenses	1,078,484
Grants and contributions for capital acquisition	<u>203,073</u>
Increase in unrestricted net assets	1,281,557
Net assets, beginning of year	<u>9,316,180</u>
Net assets, end of year	<u>\$10,597,737</u>

The accompanying notes are an integral part of these financial statements.

GOODWIN COMMUNITY HEALTH

Statement of Cash Flows

Year Ended June 30, 2017

Cash flows from operating activities	
Change in net assets	\$ 1,281,557
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Provision for bad debts	365,013
Depreciation	247,515
Equity in earnings of limited liability company	(4,095)
Change in fair value of investments	(25,078)
Grants and contributions for capital acquisition	(203,073)
(Increase) decrease in	
Patient accounts receivable	(523,289)
Grants receivable	(286,587)
Inventory	(90,349)
Other current assets	12,618
Increase in	
Accounts payable and accrued expenses	45,802
Accrued salaries and related amounts	89,076
Deferred revenue	47,147
Patient deposits	<u>16,948</u>
Net cash provided by operating activities	<u>973,205</u>
Cash flows from investing activities	
Capital acquisitions	(188,457)
Proceeds from sale of investments	101,276
Purchase of investments	<u>(1,010,296)</u>
Net cash used by investing activities	<u>(1,097,477)</u>
Cash flows from financing activities	
Grants and contributions for capital acquisition	203,073
Pay off of long-term debt	<u>(529,279)</u>
Net cash used by financing activities	<u>(326,206)</u>
Net decrease in cash and cash equivalents	(450,478)
Cash and cash equivalents, beginning of year	<u>2,637,401</u>
Cash and cash equivalents, end of year	<u>\$ 2,186,923</u>
Supplemental disclosures of cash flow information	
Cash paid for interest	\$ 26,739

The accompanying notes are an integral part of these financial statements

GOODWIN COMMUNITY HEALTH

Notes to Financial Statements

June 30, 2017

1. Summary of Significant Accounting Policies

Organization

Goodwin Community Health (the Organization) is a non-stock, not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides prenatal care, social support, and public health services to low-income persons.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

GOODWIN COMMUNITY HEALTH

Notes to Financial Statements

June 30, 2017

A reconciliation of the allowance for uncollectible accounts at June 30, 2017 follows:

Balance, beginning of year	\$ 128,995
Provision	365,013
Write-offs	<u>(290,776)</u>
Balance, end of year	<u>\$ 203,232</u>

The increase in the allowance is primarily due to an increase in the amount due from patients with commercial insurance as a result of increased deductibles and co-pays.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Inventory

Inventory consisting of pharmaceutical drugs is valued first-in, first-out method and is measured at the lower of cost or market.

Investments

The Organization reports investments at fair value and has elected to report all gains and losses in the excess of revenues over expenses to simplify the presentation of these amounts in the statement of operations. Investments include board-designated assets for future operations and other purposes as identified by the Board of Directors. Accordingly, investments have been classified as non-current assets on the accompanying balance sheet regardless of maturity or liquidity. The Organization has established policies governing long-term investments.

Investment income and the change in fair value are included in the excess of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheet.

Investment in Limited Liability Company

The Organization is one of eight members who have each made a capital contribution of \$500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to \$20,298 at June 30, 2017.

GOODWIN COMMUNITY HEALTH

Notes to Financial Statements

June 30, 2017

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Patient Deposits

Patient deposits consist of payments made by patients in advance of significant dental work based on quotes for the work to be performed.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The Organization operates a pharmacy and also contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contracted pharmacies is remitted to the Organization less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. Contracted expenses and drug costs incurred related to the program are included in other operating expenses. Expenses related to the operation of the Organization's pharmacy are categorized in the applicable operating expense classifications.

GOODWIN COMMUNITY HEALTH

Notes to Financial Statements

June 30, 2017

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

Program services	\$ 8,756,283
Administrative and general	1,536,687
Fundraising	<u>333,288</u>
Total	<u>\$10,626,258</u>

Excess of Revenue Over Expenses

The statement of operations reflects the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 21, 2017, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

In accordance with a Board-approved merger agreement dated August 1, 2017 and a plan of merger dated November 8, 2017, the operations of Families First of the Greater Seacoast are anticipated to merge into the Organization on January 1, 2018. The Organization will be the surviving entity with the new legal business name of Greater Seacoast Community Health. The Organization is awaiting approval of the proposed merger by the State of New Hampshire and Health Resources Services Administration.

GOODWIN COMMUNITY HEALTH

Notes to Financial Statements

June 30, 2017

2. Investments and Fair Value Measurement

Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The fair value hierarchy within FASB ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value measured on a recurring basis:

	Investments at Fair Value as of June 30, 2017			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 270,317	\$ -	\$ -	\$ 270,317
Municipal bonds	-	242,319	-	242,319
Exchange traded funds	228,280	-	-	228,280
Mutual funds	<u>395,376</u>	-	-	<u>395,376</u>
Total investments	<u>\$ 893,973</u>	<u>\$ 242,319</u>	<u>\$ -</u>	<u>\$ 1,136,292</u>

Municipal bonds are valued based on quoted market prices of similar assets.

3. Property and Equipment

Property and equipment consisted of the following at June 30, 2017:

Land	\$ 718,427
Building and improvements	5,888,318
Furniture, fixtures, and equipment	<u>1,552,983</u>
Total cost	8,159,728
Less accumulated depreciation	<u>2,155,141</u>
Property and equipment, net	<u>\$ 6,004,587</u>

GOODWIN COMMUNITY HEALTH

Notes to Financial Statements

June 30, 2017

The Organization's facility was built and renovated with federal grant funding under the ARRA - Capital Improvement Program and ACA - Capital Development Program. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management (OFAM) and the Health Resources and Services Administration (HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

4. Patient Service Revenue

Patient service revenue is as follows:

	Year ended June 30, 2017			
	<u>Medical</u>	<u>Dental</u>	<u>Pharmacy</u>	<u>Total</u>
Medicare	\$ 726,055	\$ -	\$ 56,771	\$ 782,826
Medicaid	2,146,149	387,028	137,237	2,670,414
Third-party payers and self pay	<u>1,965,113</u>	<u>792,890</u>	<u>385,810</u>	<u>3,143,813</u>
Total	4,837,317	1,179,918	579,818	6,597,053
Contracted pharmacy revenue	-	-	<u>1,200,291</u>	<u>1,200,291</u>
Total patient service revenue	<u>\$ 4,837,317</u>	<u>\$ 1,179,918</u>	<u>\$ 1,780,109</u>	<u>\$ 7,797,344</u>

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

GOODWIN COMMUNITY HEALTH

Notes to Financial Statements

June 30, 2017

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the medical care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2016.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately \$479,000 for the year ended June 30, 2017.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

5. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. During 2017, contributions amounted to \$107,862.

6. Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). The value of food vouchers distributed by the Organization was \$1,240,323 for the year ended June 30, 2017. These amounts are not included in the accompanying financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

GOODWIN COMMUNITY HEALTH

Notes to Financial Statements

June 30, 2017

7. Concentration of Risk

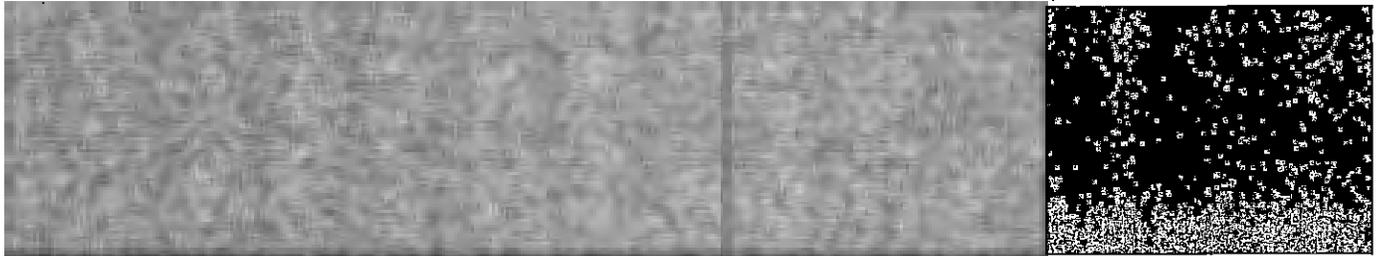
The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. At June 30, 2017, New Hampshire Medicaid represented 20%, and Medicare represented 18%, of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). As with all government funding, these grants are subject to reduction or termination in future years. For the year ended June 30, 2017, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 78% of grants, contracts, and contributions.

8. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2017, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.



Families First

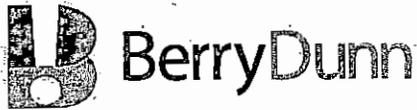
support for families...health care for all

FINANCIAL STATEMENTS

June 30, 2017 and 2016

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Families First of the Greater Seacoast

We have audited the accompanying financial statements of Families First of the Greater Seacoast, which comprise the balance sheets as of June 30, 2017 and 2016, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Families First of the Greater Seacoast as of June 30, 2017 and 2016, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Emphasis-of-Matter

As discussed in Note 1 to the financial statements under the heading *subsequent events*, Families First of the Greater Seacoast is anticipated to merge into Goodwin Community Health effective January 1, 2018.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
December 13, 2017

FAMILIES FIRST OF THE GREATER SEACOAST

Balance Sheets

June 30, 2017 and 2016

ASSETS

	<u>2017</u>	<u>2016</u>
Current assets		
Cash and cash equivalents	\$ 498,178	\$ 726,265
Patient accounts receivable, less allowance for uncollectible accounts of \$72,858 in 2017 and \$62,155 in 2016	357,710	337,248
Grants receivable	154,607	85,670
Pledges receivable	245,354	197,507
Other current assets	<u>73,669</u>	<u>36,247</u>
Total current assets	1,329,518	1,382,937
Investments	213,182	156,031
Investment in limited liability company	20,298	16,204
Assets limited as to use	1,529,899	1,450,076
Property and equipment, net	<u>574,959</u>	<u>573,466</u>
Total assets	<u>\$ 3,667,856</u>	<u>\$ 3,578,714</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 191,370	\$ 112,479
Accrued payroll and related expenses	407,226	463,760
Patient deposits	76,773	58,215
Deferred revenue	<u>2,001</u>	<u>35,501</u>
Total current liabilities and total liabilities	<u>677,370</u>	<u>669,955</u>
Net assets		
Unrestricted	1,122,118	1,238,753
Temporarily restricted	640,418	469,319
Permanently restricted	<u>1,227,950</u>	<u>1,200,687</u>
Total net assets	<u>2,990,486</u>	<u>2,908,759</u>
Total liabilities and net assets	<u>\$ 3,667,856</u>	<u>\$ 3,578,714</u>

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Operations

Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Operating revenue		
Patient service revenue	\$ 2,569,065	\$ 2,627,125
Provision for bad debts	<u>(59,565)</u>	<u>(63,508)</u>
Net patient service revenue	2,509,500	2,563,617
Grants and contracts	1,674,814	1,689,549
Contributions	963,634	1,003,671
Equity in earnings of limited liability company	4,094	15,704
Other operating revenue	46,543	68,811
Net assets released from restrictions for operations	<u>1,213,483</u>	<u>840,222</u>
Total operating revenue	<u>6,412,068</u>	<u>6,181,574</u>
Operating expenses		
Salaries and benefits	4,815,840	4,389,821
Other operating expenses	1,629,041	1,507,681
Depreciation	<u>104,785</u>	<u>83,306</u>
Total operating expenses	<u>6,549,666</u>	<u>5,980,808</u>
Operating (loss) income	<u>(137,598)</u>	<u>200,766</u>
Non-operating revenue and gains (losses)		
Investment income	5,916	3,057
Change in fair value of investments	<u>14,337</u>	<u>(5,851)</u>
Total non-operating revenue and gains (losses)	<u>20,253</u>	<u>(2,794)</u>
(Deficit) excess of revenue over expenses	(117,345)	197,972
Grants and contributions received for capital acquisition	27,973	125,000
Reclassification to permanently restricted net assets	<u>(27,263)</u>	<u>-</u>
(Decrease) increase in unrestricted net assets	<u>\$ (116,635)</u>	<u>\$ 322,972</u>

The accompanying notes are an integral part of these financial statements

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Changes in Net Assets

Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Unrestricted net assets		
(Deficit) excess of revenue over expenses	\$ (117,345)	\$ 197,972
Grants and contributions received for capital acquisition	27,973	125,000
Reclassification to permanently restricted net assets	<u>(27,263)</u>	<u>-</u>
(Decrease) increase in unrestricted net assets	<u>(116,635)</u>	<u>322,972</u>
Temporarily restricted net assets		
Contributions	1,232,559	698,982
Investment income	33,195	25,187
Change in fair value of investments	118,828	(46,053)
Net assets released from restrictions for operations	<u>(1,213,483)</u>	<u>(840,222)</u>
Increase (decrease) in temporarily restricted net assets	<u>171,099</u>	<u>(162,106)</u>
Permanently restricted net assets		
Reclassification from unrestricted net assets	<u>27,263</u>	<u>-</u>
Increase in permanently restricted net assets	<u>27,263</u>	<u>-</u>
Change in net assets	81,727	160,866
Net assets, beginning of year	<u>2,908,759</u>	<u>2,747,893</u>
Net assets, end of year	<u>\$ 2,990,486</u>	<u>\$ 2,908,759</u>

The accompanying notes are an integral part of these financial statements

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Cash Flows

Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities		
Change in net assets	\$ 81,727	\$ 160,866
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Provision for bad debts	59,565	63,508
Depreciation	104,785	83,306
Equity in earnings of limited liability company	(4,094)	(15,704)
Restricted contributions for long-term purposes	(27,973)	(125,000)
Change in fair value of investments	(133,165)	51,904
(Increase) decrease in the following assets:		
Patient accounts receivable	(80,027)	(102,924)
Grants receivable	(68,937)	(13,048)
Pledges receivable	(47,847)	77,960
Other current assets	(37,422)	(9,646)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	78,891	59,899
Accrued payroll and related expenses	(56,534)	150,575
Patient deposits	18,558	10,293
Deferred revenue	(33,500)	(24,699)
Net cash (used) provided by operating activities	<u>(145,973)</u>	<u>367,290</u>
Cash flows from investing activities		
Capital acquisitions	(106,278)	(237,989)
Purchase of investments	(417,123)	(28,742)
Proceeds from the sale of investments	<u>413,314</u>	<u>150,036</u>
Net cash used by investing activities	<u>(110,087)</u>	<u>(116,695)</u>
Cash flows from financing activities		
Restricted contributions for long-term purposes	<u>27,973</u>	<u>125,000</u>
Net (decrease) increase in cash and cash equivalents	<u>(228,087)</u>	<u>375,595</u>
Cash and cash equivalents, beginning of year	<u>726,265</u>	<u>350,670</u>
Cash and cash equivalents, end of year	<u>\$ 498,178</u>	<u>\$ 726,265</u>

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

1. Summary of Significant Accounting Policies

Organization

Families First of the Greater Seacoast (Organization) is a non-stock, not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides comprehensive medical and family support services, including primary care, dental, well child care, substance abuse counseling, parenting education, and home visitation programs to residents of the Seacoast region (New Hampshire and Maine).

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds and exclude amounts whose use is limited by Board designation or donor-imposed restrictions.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for uncollectible accounts.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

A reconciliation of the allowance for uncollectible accounts at June 30 is as follows:

	<u>2017</u>	<u>2016</u>
Balance, beginning of year	\$ 62,155	\$ 54,489
Provision	59,565	63,508
Write-offs	<u>(48,862)</u>	<u>(55,842)</u>
Balance, end of year	<u>\$ 72,858</u>	<u>\$ 62,155</u>

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investments

The Organization reports investments at fair value. Investments include donor endowment funds and board-designated assets. Accordingly, investments have been classified as non-current assets on the accompanying balance sheet regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

Investment income and the change in fair value are included in the (deficit) excess of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

Investment in Limited Liability Company

The Organization is one of eight members who have each made a capital contribution of \$500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to \$20,298 and \$16,204 at June 30, 2017 and 2016, respectively.

Assets Limited As To Use

Assets limited as to use include assets designated by the Board of Directors for future use and donor-restricted contributions to be held in perpetuity.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the (deficit) excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Patient Deposits

Patient deposits consist of payments made by patients in advance of significant dental work based on quotes for the work to be performed.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets include contributions and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor.

Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity, the income of which is primarily available for operations.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

Donated Goods and Services

Various program help and support for the daily operations of the Organization's programs were provided by the general public of the communities served by the Organization. Donated supplies and services are recorded at their estimated fair values on the date of receipt. Donated supplies and services amounted to \$329,396 and \$294,007 for the years ended June 30, 2017 and 2016, respectively.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations as "net assets released from restrictions."

Promises to Give

Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Given the short term nature of the pledges, they are not discounted and no reserve for uncollectible pledges has been established. Conditional promises to give are not included as support until the conditions are substantially met.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2017</u>	<u>2016</u>
Program services	\$ 5,793,757	\$ 5,202,419
Administrative and general	603,067	621,430
Fundraising	<u>152,842</u>	<u>156,959</u>
Total	<u>\$ 6,549,666</u>	<u>\$ 5,980,808</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

(Deficit) Excess of Revenue Over Expenses

The statements of operations reflect the (deficit) excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the (deficit) excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 13, 2017, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

In accordance with a Board-approved merger agreement dated August 1, 2017 and a plan of merger dated November 8, 2017, the operations of the Organization will merge into Goodwin Community Health on January 1, 2018. Goodwin Community Health will be the surviving entity with the new legal business name of Greater Seacoast Community Health. The Organization is awaiting written approval of the proposed merger from the Health Resources Services Administration.

2. Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following:

	<u>2017</u>	<u>2016</u>
Long-term investments	\$ 213,182	\$ 156,031
Assets limited as to use	<u>1,529,899</u>	<u>1,450,076</u>
Total investments	<u>\$ 1,743,081</u>	<u>\$ 1,606,107</u>

Assets limited as to use are restricted for the following purposes::

	<u>2017</u>	<u>2016</u>
Designated by the governing board For future use	\$ 44,471	\$ 73,142
Donor-restricted endowment		
Temporarily restricted earnings	257,478	176,247
Permanently restricted principal	<u>1,227,950</u>	<u>1,200,687</u>
Total	<u>\$ 1,529,899</u>	<u>\$ 1,450,076</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

Fair Value of Financial Instruments

Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The fair value hierarchy within FASB ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value:

	<u>Investments at Fair Value as of June 30, 2017</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 6,461	-	-	6,461
Mutual funds	<u>1,736,620</u>	-	-	<u>1,736,620</u>
Total investments	<u>\$ 1,743,081</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,743,081</u>
	<u>Investments at Fair Value as of June 30, 2016</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	6,504	-	-	6,504
Mutual funds	<u>1,599,603</u>	-	-	<u>1,599,603</u>
Total investments	<u>\$ 1,606,107</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,606,107</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

Investment income and gains (losses) for cash equivalents and investments consist of the following:

	<u>2017</u>	<u>2016</u>
Unrestricted net assets		
Investment income	\$ 5,916	\$ 3,057
Change in fair value of investments	14,337	(5,851)
Restricted net assets		
Investment income	33,195	25,187
Change in fair value of investments	<u>118,828</u>	<u>(46,053)</u>
Total	<u>\$ 172,276</u>	<u>\$ (23,660)</u>

3. Pledges Receivable

Pledges receivable consisted of the following:

	<u>2017</u>	<u>2016</u>
Scheduled amounts due in:		
Less than one year	<u>\$ 245,354</u>	<u>\$ 197,507</u>

Pledges receivable have not been discounted as the amount is not material to the financial statements as a whole. The Organization believes all pledges are fully collectible.

4. Property and Equipment

Property and equipment consisted of the following:

	<u>2017</u>	<u>2016</u>
Leasehold improvements	\$ 224,204	\$ 179,031
Furniture, fixtures, and equipment	<u>1,098,656</u>	<u>1,037,550</u>
Total cost	1,322,860	1,216,581
Less accumulated depreciation	<u>(747,901)</u>	<u>(643,115)</u>
Property and equipment, net	<u>\$ 574,959</u>	<u>\$ 573,466</u>

5. Line of Credit

The Organization has a \$250,000 line of credit with a local bank through May 2018. The line of credit is collateralized by accounts receivable. The interest rate at June 30, 2017 was 4.25%. There was no outstanding balance at June 30, 2017 and 2016.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

6. Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets consisted of the following:

	<u>2017</u>	<u>2016</u>
Temporarily restricted		
Unrestricted pledges receivable	\$ 245,354	\$ 197,507
Program services	137,586	95,565
Endowment earnings	<u>257,478</u>	<u>176,247</u>
Total temporarily restricted	<u>\$ 640,418</u>	<u>\$ 469,319</u>
Permanently restricted		
Endowment	<u>\$ 1,227,950</u>	<u>\$ 1,200,687</u>

7. Endowments

Interpretation of Relevant Law

The Organization's endowments primarily consist of an investment portfolio managed by the Investment Sub-Committee. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund;
- (2) The purposes of the Organization and the donor-restricted endowment fund;
- (3) General economic conditions;
- (4) The possible effect of inflation and deflation;
- (5) The expected total return from income and the appreciation of investments;
- (6) Other resources of the Organization; and
- (7) The investment policies of the Organization.

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Notes to Financial Statements

June 30, 2017 and 2016

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. There were no such deficiencies as of June 30, 2017 and 2016.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

The endowment net asset composition by type of fund is as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
<u>2017</u>				
Donor-restricted endowment funds	\$ <u> -</u>	\$ <u> 257,478</u>	\$ <u>1,227,950</u>	\$ <u>1,485,428</u>
<u>2016</u>				
Donor-restricted endowment funds	\$ <u> -</u>	\$ <u> 176,247</u>	\$ <u>1,200,687</u>	\$ <u>1,376,934</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

The Organization had the following endowment-related activities:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, June 30, 2015	\$ -	\$ 267,234	\$ 1,200,687	\$ 1,467,921
Investment return				
Investment income	-	25,187	-	25,187
Change in fair value of investments	-	(46,053)	-	(46,053)
Appropriation of endowment assets for expenditures	<u>-</u>	<u>(70,121)</u>	<u>-</u>	<u>(70,121)</u>
Endowment net assets, June 30, 2016	-	176,247	1,200,687	1,376,934
Investment return				
Investment income	-	33,195	-	33,195
Change in fair value of investments	-	118,828	-	118,828
Reclassification	-	-	27,263	27,263
Appropriation of endowment assets for expenditures	<u>-</u>	<u>(70,792)</u>	<u>-</u>	<u>(70,792)</u>
Endowment net assets, June 30, 2017	<u>\$ -</u>	<u>\$ 257,478</u>	<u>\$ 1,227,950</u>	<u>\$ 1,485,428</u>

8. Patient Service Revenue

Patient service revenue follows:

	<u>2017</u>	<u>2016</u>
Medicare	\$ 263,092	\$ 267,336
Medicaid	1,489,762	1,595,264
Third-party payers and private pay	<u>816,211</u>	<u>764,525</u>
Total patient service revenue	<u>\$ 2,569,065</u>	<u>\$ 2,627,125</u>

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the medical care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2016.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately \$1,355,000 and \$1,222,000 for the years ended June 30, 2017 and 2016, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

9. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. Employer discretionary contributions are funded at a percentage of eligible employees' salaries. The Organization contributed \$94,241 for the year ended June 30, 2016. The Organization did not incur expenses under the plan for the year ended June 30, 2017.

10. Concentration of Risk

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2017 and 2016, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 85% of grants and contracts.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2017 and 2016

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The mix of medical patient service revenue receivables from patients and third-party payers was as follows as of June 30:

	<u>2017</u>	<u>2016</u>
Medicare	14 %	15 %
Medicaid	38 %	45 %
Other	<u>48 %</u>	<u>40 %</u>
	<u>100 %</u>	<u>100 %</u>

11. Commitments and Contingencies

Medical Malpractice Insurance

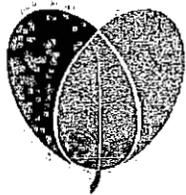
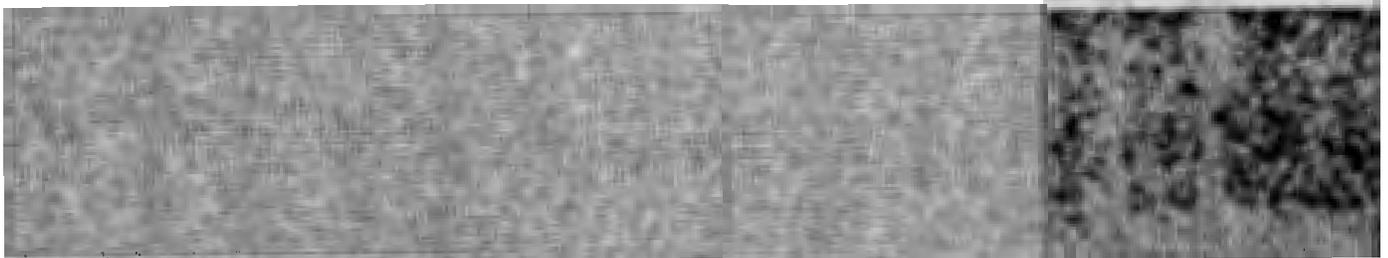
The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2017, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

Leases

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are as follows:

2018	\$ 172,023
2019	<u>88,212</u>
Total	<u>\$ 260,235</u>

Rental expense amounted to \$151,271 and \$142,017 for the years ended June 30, 2017 and 2016, respectively. Rent expense includes a charge per square foot for utilities and housekeeping services.



Goodwin
Community Health

CONSOLIDATED FINANCIAL STATEMENTS

and

ADDITIONAL INFORMATION

June 30, 2016 and 2015

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Goodwin Community Health and Subsidiary

We have audited the accompanying consolidated financial statements of Goodwin Community Health and Subsidiary (the Organization), which comprise the consolidated balance sheets as of June 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Goodwin Community Health and Subsidiary as of June 30, 2016 and 2015, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Duann McNeil & Parker, LLC

Manchester, New Hampshire
December 13, 2016

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Balance Sheets

June 30, 2016 and 2015

ASSETS

	<u>2016</u>	<u>2015</u>
Continuing operations		
Current assets		
Cash and cash equivalents	\$ 2,603,347	\$ 1,632,421
Patient accounts receivable, less allowance for uncollectible accounts of \$128,995 in 2016 and \$79,554 in 2015	824,547	553,922
Grants receivable	615,693	472,843
Inventory	57,751	-
Other current assets	<u>27,459</u>	<u>23,594</u>
Total current assets	4,128,797	2,682,780
Investments	202,194	200,125
Investment in limited liability company	16,203	-
Property and equipment, net	<u>6,063,645</u>	<u>6,145,032</u>
Total assets, continuing operations	<u>10,410,839</u>	<u>9,027,937</u>
Discontinued operations		
Current assets		
Cash and cash equivalents	34,054	37,467
Patient accounts receivable, less allowance for uncollectible accounts of \$- in 2016 and \$1,824 in 2015	-	103,801
Other current assets	<u>-</u>	<u>1,878</u>
Total current assets	34,054	143,146
Property and equipment, net	-	2,651
Goodwill	<u>-</u>	<u>17,582</u>
Total assets, discontinued operations	<u>34,054</u>	<u>163,379</u>
Total assets	<u>\$10,444,893</u>	<u>\$ 9,191,316</u>

The accompanying notes are an integral part of these consolidated financial statements

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Balance Sheets (Concluded)

June 30, 2016 and 2015

LIABILITIES AND NET ASSETS (DEFICIT)

	<u>2016</u>	<u>2015</u>
Continuing operations		
Current liabilities		
Line of credit	\$ -	\$ 56,500
Accounts payable and accrued expenses	115,852	181,271
Accrued payroll and related expenses	483,582	358,224
Current maturities of long-term debt	<u>27,490</u>	<u>155,389</u>
Total current liabilities	626,924	751,384
Long-term debt, less current maturities	<u>501,789</u>	<u>701,676</u>
Total liabilities	1,128,713	1,453,060
Net assets		
Unrestricted	<u>9,282,126</u>	<u>7,574,877</u>
Total liabilities and net assets, continuing operations	<u>10,410,839</u>	<u>9,027,937</u>
Discontinued operations		
Current liabilities		
Accounts payable and accrued expenses	-	124,973
Accrued payroll and related expenses	-	75,256
Current maturities of long-term debt	<u>-</u>	<u>6,351</u>
Total current liabilities	-	206,580
Long-term debt, less current maturities	<u>-</u>	<u>6,605</u>
Total liabilities	-	213,185
Net assets (deficit)		
Unrestricted	<u>34,054</u>	<u>(49,806)</u>
Total liabilities and net assets (deficit), discontinued operations	<u>34,054</u>	<u>163,379</u>
Total liabilities	1,128,713	1,666,245
Total net assets	<u>9,316,180</u>	<u>7,525,071</u>
Total liabilities and net assets	<u>\$ 10,444,893</u>	<u>\$ 9,191,316</u>

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Continuing operations		
Operating revenue and support		
Patient service revenue	\$ 6,317,240	\$ 5,322,573
Provision for bad debts	<u>(312,321)</u>	<u>(256,074)</u>
Net patient service revenue	6,004,919	5,066,499
Grants, contracts, and contributions	3,737,779	3,219,481
Equity in earnings of limited liability company	16,203	-
Other operating revenue	<u>103,065</u>	<u>172,078</u>
Total operating revenue and support	<u>9,861,966</u>	<u>8,458,058</u>
Operating expenses		
Salaries and benefits	6,221,917	5,182,403
Other operating expenses	1,789,611	1,365,911
Depreciation	232,752	252,522
Interest expense	<u>33,276</u>	<u>45,167</u>
Total operating expenses	<u>8,277,556</u>	<u>6,846,003</u>
Excess of revenue over expenses	1,584,410	1,612,055
Grants for capital acquisition	<u>122,839</u>	<u>125,397</u>
Increase in unrestricted net assets, continuing operations	<u>1,707,249</u>	<u>1,737,452</u>

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets (Concluded)

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Discontinued operations		
Operating revenue and support		
Patient service revenue	\$ 279,763	\$ 823,473
(Provision for) reduction in allowance for bad debts	<u>(19,466)</u>	<u>1,030</u>
Net patient service revenue	260,297	824,503
Grants, contracts, and contributions	1,522	1,207
Gain on disposal of discontinued operations	147,156	-
Other operating revenue	<u>572</u>	<u>91,358</u>
Total operating revenue and support	<u>409,547</u>	<u>917,068</u>
Operating expenses		
Salaries and benefits	257,382	732,415
Other operating expenses	65,523	139,200
Depreciation	2,651	1,221
Interest expense	<u>131</u>	<u>258</u>
Total operating expenses	<u>325,687</u>	<u>873,094</u>
Excess of revenue over expenses and increase in unrestricted net assets, discontinued operations	<u>83,860</u>	<u>43,974</u>
Increase in unrestricted net assets	1,791,109	1,781,426
Unrestricted net assets, beginning of year	<u>7,525,071</u>	<u>5,743,645</u>
Unrestricted net assets, end of year	<u>\$ 9,316,180</u>	<u>\$ 7,525,071</u>

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash flows from operating activities		
Change in net assets	\$ 1,791,109	\$ 1,781,426
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Unrestricted gain from discontinued operations	(83,860)	(43,974)
Provision for bad debts	312,321	256,074
Depreciation	232,752	252,522
Equity in earnings of limited liability company	(16,203)	-
Grants for capital acquisition	(122,839)	(125,397)
Debt forgiveness	(52,000)	(25,000)
Increase in		
Patient accounts receivable	(582,946)	(379,401)
Grants receivable	(142,850)	(310,233)
Other assets	(3,865)	(237)
Inventory	(57,751)	-
Increase (decrease) in		
Accounts payable and accrued expenses	(65,419)	818
Accrued salaries and related amounts	<u>125,358</u>	<u>52,002</u>
Net cash provided by operating activities from continuing operations	1,333,807	1,458,600
Net cash provided by operating activities from discontinued operations	<u>(155,195)</u>	<u>23,076</u>
Net cash provided by operating activities	<u>1,178,612</u>	<u>1,481,676</u>
Cash flows from investing activities		
Capital acquisitions	(151,365)	(125,396)
Purchase of investments	<u>(2,069)</u>	<u>(200,125)</u>
Net cash used by investing activities from continuing operations	(153,434)	(325,521)
Net cash provided by investing activities from discontinued operations	<u>164,738</u>	<u>-</u>
Net cash provided (used) by investing activities	<u>11,304</u>	<u>(325,521)</u>

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Cash Flows (Concluded)

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash flows from financing activities		
Grants for capital acquisition	122,839	125,397
Payments on long-term debt	(327,786)	(148,229)
Payments on line of credit	<u>(4,500)</u>	<u>(112,000)</u>
Net cash used by financing activities from continuing operations	(209,447)	(134,832)
Net cash used by financing activities from discontinued operations	<u>(12,956)</u>	<u>(7,014)</u>
Net cash used by financing activities	<u>(222,403)</u>	<u>(141,846)</u>
Net increase in cash and cash equivalents	967,513	1,014,309
Cash and cash equivalents, beginning of year	<u>1,669,888</u>	<u>655,579</u>
Cash and cash equivalents, end of year	<u>\$ 2,637,401</u>	<u>\$ 1,669,888</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	\$ 33,407	\$ 45,425
Noncash transaction - debt forgiveness	52,000	25,000

The accompanying notes are an integral part of these consolidated financial statements

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Organization

Goodwin Community Health (GCH) is a non-stock, not-for-profit corporation organized in New Hampshire. GCH is a Federally Qualified Health Center (FQHC) which provides prenatal care, social support, and public health services to low-income persons.

Subsidiary

Great Bay Mental Health Associates, Inc. (GBMHA), a wholly-owned, for-profit subsidiary, is engaged in providing mental health services in the Strafford County, New Hampshire community through its employees and independent contractors who are qualified and licensed to practice in the State of New Hampshire.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of GCH and its subsidiary, GBMHA (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Discontinued Operations

On December 31, 2015, the Organization sold GBMHA's name and phone numbers, furniture and equipment, and medical and business supplies to Wentworth-Douglass Physician Corporation, a New Hampshire not-for-profit corporation, for \$164,738. The Organization maintained GBMHA's cash and cash equivalents, insurance claims, federal tax identification number, tax refunds, accounts receivable, goodwill, and the business books and records.

The Organization's consolidated financial statements reflect GBMHA's assets, revenues, gain, losses and expenses and cash flows as discontinued operations as of and for the years ended June 30, 2016 and 2015.

Use of Estimates

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

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Income Taxes

GCH is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, GCH is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. GBMHA is a non-exempt organization and files applicable Form 1120 (corporate return). No provision for income taxes was necessary for the years ended June 30, 2016 and 2015.

Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements. The Organization is subject to U.S. federal and state examinations by tax authorities for the years ended June 30, 2012 through June 30, 2016.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for uncollectible accounts during 2016 or 2015.

A reconciliation of the allowance for uncollectible accounts at June 30 is as follows:

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ 81,378	\$ 88,420
Provision	331,787	255,044
Write-offs	<u>(284,170)</u>	<u>(262,086)</u>
Balance, end of year	<u>\$ 128,995</u>	<u>\$ 81,378</u>

The increase in the allowance is primarily due to an increase in the amount due from patients with commercial insurance as a result of increased deductibles and co-pays.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Inventory

Inventory consisting of pharmaceutical drugs is valued using the retail method and is measured at the lower of cost or market.

Investments

Investments consist of certificates of deposit with a maturity in excess of one year.

Investment in Limited Liability Company

The Organization is one of eight partners who have each made a capital contribution of \$500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to \$16,203 at June 30, 2016.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The Organization operates a pharmacy and also contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contracted pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. Contracted expenses and drug costs incurred related to the program are included in other operating expenses. Expenses related to the operation of the Organization's pharmacy are categorized in the applicable operating expense classifications.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2016</u>	<u>2015</u>
Program services	\$ 7,042,192	\$ 6,377,552
Administrative and general	1,301,950	1,160,709
Fundraising	<u>259,101</u>	<u>180,836</u>
Total	<u>\$ 8,603,243</u>	<u>\$ 7,719,097</u>

Excess of Revenue Over Expenses

The consolidated statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Subsequent Events

For purposes of the preparation of these consolidated financial statements, management has considered transactions or events occurring through December 13, 2016, the date that the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Property and Equipment

Property and equipment consisted of the following:

	<u>2016</u>	<u>2015</u>
Land	\$ 718,427	\$ 718,427
Building and improvements	5,802,958	5,670,162
Furniture, fixtures, and equipment	<u>1,449,887</u>	<u>1,364,376</u>
Total cost	7,971,272	7,752,965
Less accumulated depreciation	<u>1,907,627</u>	<u>1,698,003</u>
Total cost, less accumulated depreciation	6,063,645	6,054,962
Construction in progress	<u>-</u>	<u>92,721</u>
Property and equipment, net	<u>\$ 6,063,645</u>	<u>\$ 6,147,683</u>

The Organization's facility was built and renovated with federal grant funding under the ARRA - Capital Improvement Program and ACA - Capital Development Program. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

Upon obtaining the mortgage included in Note 4 below on the Organization's facility, the Organization received the required written permission from OFAM and HRSA where by HRSA subordinated its Federal Interest in the property to the bank.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

3. Line of Credit

The Organization has a \$200,000 line of credit with Frisbie Memorial Hospital. The line of credit is interest-free, unsecured, and due on demand. The outstanding balances on the line of credit at June 30, 2016 and 2015 were \$- and \$56,500, respectively.

4. Long-Term Debt

Long-term debt consists of the following:

	<u>2016</u>	<u>2015</u>
Variable-rate note payable to a local bank, payable in monthly installments of \$4,464, including interest at 4.75%, through December 2018, at which time the interest will be adjusted to the Federal Home Loan Bank of Boston Rate plus 2.5% and every five years thereafter through December 2029, collateralized by real estate which is subject to a Notice of Federal Interest (see Note 2).	\$ 529,279	\$ 556,504
Note payable to a not-for-profit corporation, payable in monthly installments of \$8,069, including interest at 5.25%, through September 2017, collateralized by real estate which is subject to a Notice of Federal Interest (see Note 2) and all other assets. The note was paid in full during 2016.	-	205,217
Note payable to a local bank, payable in monthly installments of \$1,860, including interest at 4.75%, through January 2019, collateralized by all assets. The note was paid in full during 2016.	-	73,251
Note payable to the New Hampshire Health and Education Facilities Authority, payable in monthly installments of \$1,709, including interest at 1.00%, through July 2016. The note is unsecured.	-	22,093
Variable-rate note payable to a local bank, payable in monthly installments of \$596, including interest at Prime plus 1.5% with a 4% floor, currently at 4.75%, through June 2017, collateralized by all assets of GBMHA and an unlimited corporate guaranty of GCH.	-	12,956
Total long-term debt	<u>529,279</u>	870,021
Less current maturities	<u>27,490</u>	<u>161,740</u>
Long-term debt, less current maturities	<u>\$ 501,789</u>	<u>\$ 708,281</u>

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

The Organization is required to meet certain administrative and financial covenants under various loan agreements included above. The Organization is in compliance with all loan covenants at June 30, 2016.

Maturities of long-term debt for the next five years are as follows:

2017	\$	27,490
2018		30,124
2019		31,587
2020		33,120
2021		34,728

5. Patient Service Revenue

Patient service revenue is as follows:

	<u>2016</u>	<u>2015</u>
Medicare	\$ 728,783	\$ 638,547
Medicaid	2,930,718	3,131,251
Third-party payers and private pay	<u>2,240,792</u>	<u>2,131,634</u>
Medical and dental patient service revenue	5,900,293	5,901,432
340B pharmacy revenue	<u>696,710</u>	<u>244,614</u>
Total patient service revenue	<u>\$ 6,597,003</u>	<u>\$ 6,146,046</u>

The Organization has agreements with the Centers for Medicare & Medicaid Services (Medicare) and New Hampshire Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Medicare

Effective July 1, 2015, the Organization began to be reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically adjusted rate determined by federal guidelines. Prior to July 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2015.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately \$485,000 and \$486,000 for the years ended June 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

6. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. In 2011, the Organization temporarily suspended the employer match. During 2016, the match was reinstated and contributions amounted to \$22,668.

7. WIC Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). This program is funded by the U.S. Department of Agriculture (Code of Federal Regulations, Section #10.555). The value of food vouchers distributed by the Organization was \$1,463,583 and \$1,570,536 for the years ended June 30, 2016 and 2015, respectively. These amounts are not included in the accompanying consolidated financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

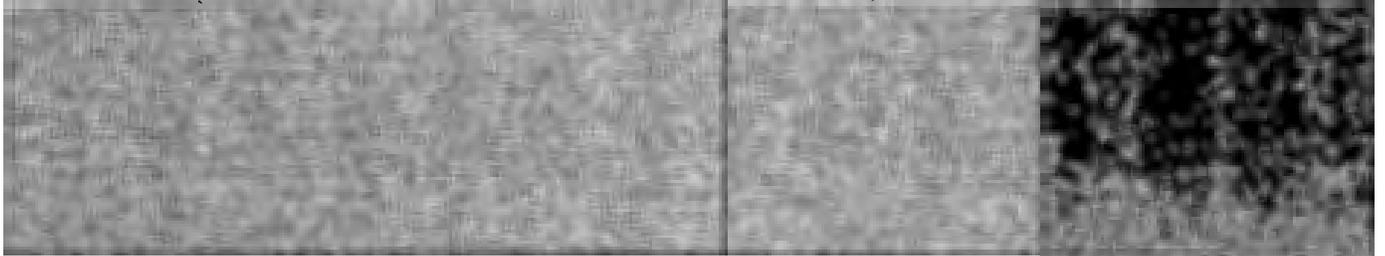
8. Concentration of Risk

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. At June 30, 2016 and 2015, New Hampshire Medicaid represented 29% and 31%, respectively, and Medicare represented 18% and 9%, respectively, of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

9. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.



Families First

support for families...health care for all

FINANCIAL STATEMENTS

June 30, 2016 and 2015

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Families First of the Greater Seacoast

We have audited the accompanying financial statements of Families First of the Greater Seacoast, which comprise the balance sheets as of June 30, 2016 and 2015, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Families First of the Greater Seacoast as of June 30, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
November 9, 2016

FAMILIES FIRST OF THE GREATER SEACOAST

Balance Sheets

June 30, 2016 and 2015

ASSETS

	<u>2016</u>	<u>2015</u>
Current assets		
Cash and cash equivalents	\$ 726,265	\$ 350,670
Patient accounts receivable, less allowance for uncollectible accounts of \$62,155 in 2016 and \$54,489 in 2015	337,248	297,832
Grants receivable	85,670	72,622
Current portion of pledges receivable	197,507	275,467
Other current assets	<u>36,247</u>	<u>26,601</u>
Total current assets	1,382,937	1,023,192
Investments	156,031	99,769
Investment in limited liability company	16,204	-
Assets limited as to use	1,450,076	1,680,036
Property and equipment, net	<u>573,466</u>	<u>418,783</u>
Total assets	<u>\$ 3,578,714</u>	<u>\$ 3,221,780</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 112,479	\$ 52,580
Accrued payroll and related expenses	463,760	313,185
Patient deposits	58,215	47,922
Deferred revenue	<u>35,501</u>	<u>60,200</u>
Total liabilities	<u>669,955</u>	<u>473,887</u>
Net assets		
Unrestricted	1,238,753	915,781
Temporarily restricted	469,319	631,425
Permanently restricted	<u>1,200,687</u>	<u>1,200,687</u>
Total net assets	<u>2,908,759</u>	<u>2,747,893</u>
Total liabilities and net assets	<u>\$ 3,578,714</u>	<u>\$ 3,221,780</u>

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Operations

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Operating revenue		
Patient service revenue	\$ 2,627,125	\$ 2,152,348
Provision for bad debts	<u>(63,508)</u>	<u>(37,705)</u>
Net patient service revenue	2,563,617	2,114,643
Grants and contracts	1,689,549	1,332,274
Contributions	1,003,671	1,348,525
Equity earnings of limited liability company	15,704	
Other operating revenue	68,811	120,613
Net assets released from restrictions for operations	<u>840,222</u>	<u>1,159,515</u>
Total operating revenue	<u>6,181,574</u>	<u>6,075,570</u>
Operating expenses		
Salaries and benefits	4,389,821	4,121,046
Other operating expenses	1,507,681	1,211,689
Depreciation	83,306	80,984
Interest expense	<u>-</u>	<u>6,666</u>
Total operating expenses	<u>5,980,808</u>	<u>5,420,385</u>
Operating income	<u>200,766</u>	<u>655,185</u>
Non-operating revenue and gains		
Investment income	3,057	2,452
Gain on sale of capital asset	-	34,844
Change in fair value of investments	<u>(5,851)</u>	<u>(3,756)</u>
Total non-operating revenue and gains	<u>(2,794)</u>	<u>33,540</u>
Excess of revenue over expenses	197,972	688,725
Contributions received for capital acquisition	125,000	-
Net assets released for capital acquisition	<u>-</u>	<u>234,118</u>
Increase in unrestricted net assets	<u>\$ 322,972</u>	<u>\$ 922,843</u>

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Changes in Net Assets

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Unrestricted net assets		
Excess of revenue over expenses	\$ 197,972	\$ 688,725
Contributions received for capital acquisition	125,000	-
Net assets released for capital acquisition	<u>-</u>	<u>234,118</u>
Increase in unrestricted net assets	<u>322,972</u>	<u>922,843</u>
Temporarily restricted net assets		
Contributions	698,982	750,695
Investment income	25,187	23,575
Change in fair value of investments	(46,053)	(26,114)
Net assets released from restrictions for operations	(840,222)	(1,159,515)
Net assets released for capital acquisition	<u>-</u>	<u>(234,118)</u>
Decrease in temporarily restricted net assets	<u>(162,106)</u>	<u>(645,477)</u>
Change in net assets	160,866	277,366
Net assets, beginning of year	<u>2,747,893</u>	<u>2,470,527</u>
Net assets, end of year	<u>\$ 2,908,759</u>	<u>\$ 2,747,893</u>

The accompanying notes are an integral part of these financial statements

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash flows from operating activities		
Change in net assets	\$ 160,866	\$ 277,366
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	63,508	37,705
Depreciation	83,306	80,984
Equity earnings of limited liability company	(15,704)	-
Gain on sale of capital asset		(34,844)
Restricted contributions for long-term purposes	(125,000)	-
Change in fair value of investments	51,904	29,870
(Increase) decrease in the following assets:		
Patient accounts receivable	(102,924)	(119,498)
Grants receivable	(13,048)	44,794
Pledges receivable	77,960	332,523
Other current assets	(9,646)	7,210
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	59,899	(64,571)
Accrued payroll and related expenses	150,575	921
Patient deposits	10,293	6,949
Deferred revenue	(24,699)	48,420
Net cash provided by operating activities	<u>367,290</u>	<u>647,829</u>
Cash flows from investing activities		
Capital acquisitions	(237,989)	(217,073)
Proceeds from sale of capital asset	-	35,000
Purchase of investments	(28,742)	(363,435)
Proceeds from the sale of investments	<u>150,036</u>	<u>91,555</u>
Net cash used by investing activities	<u>(116,695)</u>	<u>(453,953)</u>
Cash flows from financing activities		
Payments on line of credit	-	(243,849)
Restricted contributions for long-term purposes	<u>125,000</u>	<u>-</u>
Net cash provided (used) by financing activities	<u>125,000</u>	<u>(243,849)</u>
Net increase (decrease) in cash and cash equivalents	375,595	(49,973)
Cash and cash equivalents, beginning of year	350,670	400,643
Cash and cash equivalents, end of year	<u>\$ 726,265</u>	<u>\$ 350,670</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	<u>\$ -</u>	<u>\$ 6,666</u>

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

1. Summary of Significant Accounting Policies

Organization

Families First of the Greater Seacoast (Organization) is a non-stock, not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides comprehensive medical and family support services, including primary care, dental, well child care, substance abuse counseling, parenting education, and home visitation programs to residents of the Seacoast region (New Hampshire and Maine).

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds and exclude amounts whose use is limited by Board designation or donor-imposed restrictions.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for uncollectible accounts.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

A reconciliation of the allowance for uncollectible accounts at June 30 is as follows:

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ 54,489	\$ 51,984
Provision	63,508	37,705
Write-offs	<u>(55,842)</u>	<u>(35,200)</u>
Balance, end of year	<u>\$ 62,155</u>	<u>\$ 54,489</u>

The increase in provision is primarily due to an increase in patient balances over 120 days old.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investments

The Organization reports investments at fair value, and has elected to report all gains and losses in the excess (deficiency) of revenues over expenses to simplify the presentation of these amounts in the statement of operations. Investments include donor endowment funds and board-designated assets. Accordingly, investments have been classified as non-current assets on the accompanying balance sheet regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

Investment income and the change in fair value are included in the excess of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

Investment in Limited Liability Company

The Organization is one of eight partners who have each made a capital contribution of \$500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to \$16,204 and \$- at June 30, 2016 and 2015, respectively.

Assets Limited As To Use

Assets limited as to use include assets designated by the Board of Directors for future use and donor-restricted contributions to be held in perpetuity.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenues over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets include contributions and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor.

Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity, the income of which is primarily available for operations.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Donated Goods and Services

Various program help and support for the daily operations of the Organization's programs were provided by the general public or the communities served by the Organization. Donated supplies and services are recorded at their estimated fair values on the date of receipt. Donated supplies and services amounted to \$294,007 and \$147,044 for the years ended June 30, 2016 and 2015, respectively.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Promises to Give

Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Given the short term nature of the pledges, they are not discounted and no reserve for uncollectible pledges has been established. Conditional promises to give are not included as support until the conditions are substantially met.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2016</u>	<u>2015</u>
Program services	\$ 5,202,419	\$ 4,706,160
Administrative and general	621,430	574,957
Fundraising	<u>156,959</u>	<u>139,268</u>
Total	<u>\$ 5,980,808</u>	<u>\$ 5,420,385</u>

Excess of Revenue Over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 9, 2016, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

2. Investments

Investments, stated at fair value, consisted of the following:

	<u>2016</u>	<u>2015</u>
Long-term investments	\$ 156,031	\$ 99,769
Assets limited as to use	<u>1,450,076</u>	<u>1,541,850</u>
 Total investments	 <u>\$ 1,606,107</u>	 <u>\$ 1,641,619</u>

Fair Value of Financial Instruments

Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The fair value hierarchy within ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value:

	<u>Investments at Fair Value as of June 30, 2016</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 6,504	-	-	6,504
Mutual funds	<u>1,599,603</u>	-	-	<u>1,599,603</u>
 Total investments	 <u>\$ 1,606,107</u>	 \$ -	 \$ -	 <u>\$ 1,606,107</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

	<u>Investments at Fair Value as of June 30, 2015</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	18,248	-	-	18,248
Mutual funds	<u>1,623,371</u>	-	-	<u>1,623,371</u>
Total investments	<u>\$ 1,641,619</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,641,619</u>

Investment income and gains (losses) for cash equivalents and investments consist of the following:

	<u>2016</u>	<u>2015</u>
Unrestricted net assets		
Investment income	\$ 3,057	\$ 2,452
Change in fair value of investments	(5,851)	(3,756)
Restricted net assets		
Investment income	25,187	23,575
Change in fair value of investments	<u>(46,053)</u>	<u>(26,114)</u>
Total	<u>\$ (23,660)</u>	<u>\$ (3,843)</u>

3. Assets Limited as to Use

Assets limited as to use consist of the following:

	<u>2016</u>	<u>2015</u>
Designated by the governing board For future use	\$ 73,142	\$ 212,115
Donor-restricted endowment		
Temporarily restricted earnings	176,247	267,234
Permanently restricted principal	<u>1,200,687</u>	<u>1,200,687</u>
Total	<u>\$ 1,450,076</u>	<u>\$ 1,680,036</u>

Assets limited as to use consisted of the following:

	<u>2016</u>	<u>2015</u>
Cash and cash equivalents	\$ -	\$ 138,186
Investments	<u>1,450,076</u>	<u>1,541,850</u>
Total	<u>\$ 1,450,076</u>	<u>\$ 1,680,036</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

4. Pledges Receivable

Pledges receivable consisted of the following:

	<u>2016</u>	<u>2015</u>
Scheduled amounts due in:		
Less than one year	\$ <u>197,507</u>	\$ <u>275,467</u>

Pledges receivable have not been discounted as the amount is not material to the financial statements as a whole. The Organization believes all pledges are fully collectible.

5. Property and Equipment

Property and equipment consisted of the following:

	<u>2016</u>	<u>2015</u>
Leasehold improvements	\$ 179,031	\$ 179,031
Furniture, fixtures, and equipment	<u>1,037,550</u>	<u>799,559</u>
Total cost	1,216,581	978,590
Less accumulated depreciation	<u>(643,115)</u>	<u>(559,807)</u>
Property and equipment, net	<u>\$ 573,466</u>	<u>\$ 418,783</u>

6. Line of Credit

The Organization has a \$250,000 line of credit with a local bank through May 1, 2017. The line of credit is collateralized by accounts receivable. The interest rate at June 30, 2016 was 3.50%. There was no outstanding balance at June 30, 2016 and 2015.

7. Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets consisted of the following:

	<u>2016</u>	<u>2015</u>
Temporarily restricted		
Unrestricted pledges receivable	\$ 213,711	\$ 275,467
Program services	95,565	88,724
Endowment earnings	<u>176,247</u>	<u>267,234</u>
Total temporarily restricted	<u>\$ 485,523</u>	<u>\$ 631,425</u>
Permanently restricted		
Endowment	<u>\$ 1,200,687</u>	<u>\$ 1,200,687</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

8. Endowments

Interpretation of Relevant Law

There were no board-designated endowments. The Organization's endowments primarily consist of an investment portfolio managed by the Investment Sub-Committee. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund;
- (2) The purposes of the Organization and the donor-restricted endowment fund;
- (3) General economic conditions;
- (4) The possible effect of inflation and deflation;
- (5) The expected total return from income and the appreciation of investments;
- (6) Other resources of the Organization; and
- (7) The investment policies of the Organization.

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. There were no such deficiencies as of June 30, 2016 and 2015.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

The endowment net asset composition by type of fund is as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
2016				
Donor-restricted endowment funds	\$ <u> -</u>	\$ <u> 176,247</u>	\$ <u>1,200,687</u>	\$ <u>1,376,934</u>
2015				
Donor-restricted endowment funds	\$ <u> -</u>	\$ <u> 267,234</u>	\$ <u>1,200,687</u>	\$ <u>1,467,921</u>

The Organization had the following endowment-related activities:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, June 30, 2015	\$ -	\$ 267,234	\$ 1,200,687	\$ 1,467,921
Investment return				
Investment income	-	25,187	-	25,187
Change in fair value of investments	-	(46,053)	-	(46,053)
Appropriation of endowment assets for expenditures	<u> -</u>	<u> (70,121)</u>	<u> -</u>	<u> (70,121)</u>
Endowment net assets, June 30, 2016	\$ <u> -</u>	\$ <u> 176,247</u>	\$ <u>1,200,687</u>	\$ <u>1,376,934</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, June 30, 2014	\$ -	\$ 336,328	\$ 1,200,687	\$ 1,537,015
Investment return				
Investment income	-	23,575	-	23,575
Change in fair value of investments	-	(26,114)	-	(26,114)
Appropriation of endowment assets for expenditures	<u>-</u>	<u>(66,555)</u>	<u>-</u>	<u>(66,555)</u>
Endowment net assets, June 30, 2015	<u>\$ -</u>	<u>\$ 267,234</u>	<u>\$ 1,200,687</u>	<u>\$ 1,467,921</u>

9. Patient Service Revenue

Patient service revenue follows:

	<u>2016</u>	<u>2015</u>
Medicare	\$ 267,336	\$ 215,538
Medicaid	1,595,264	1,307,387
Third-party payers and private pay	<u>764,525</u>	<u>629,423</u>
Total patient service revenue	<u>\$ 2,627,125</u>	<u>\$ 2,152,348</u>

The Organization has agreements with the Centers for Medicare and Medicaid Services (Medicare and New Hampshire and Maine Medicaid). Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

Effective July 1, 2015, the Organization began to be reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Prior to July 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2014.

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately \$1,222,000 and \$1,661,100 for the years ended June 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

10. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. Employer discretionary contributions are funded at a percentage of eligible employees' salaries. The Organization contributed \$94,241 for the year ended June 30, 2016. The Organization did not incur expenses under the plan for the years ended June 30, 2015.

11. Concentration of Risk

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The mix of medical patient service revenue receivables from patients and third-party payers was as follows as of June 30:

	<u>2016</u>	<u>2015</u>
Medicare	15 %	11 %
Medicaid	45 %	42 %
Other	<u>40 %</u>	<u>47 %</u>
	<u>100 %</u>	<u>100 %</u>

FAMILIES FIRST OF THE GREATER SEACOAST

Notes to Financial Statements

June 30, 2016 and 2015

12. Commitments and Contingencies

Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

Leases

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are as follows:

2017	\$ 159,973
2018	86,659
2019	<u>7,848</u>
Total	<u>\$ 254,480</u>

Rental expense amounted to \$142,017 and \$133,381 for the years ended June 30, 2016 and 2015, respectively. Rent expense includes a charge per square foot for utilities and housekeeping services.

GREATER SEACOAST COMMUNITY HEALTH

Board of Directors Fiscal Year 2018

Name/Address	Phone/Email	Occupation
Chair Valerie Goodwin [REDACTED]	[REDACTED]	Business Consumer
Vice Chair Barbara Henry [REDACTED]	[REDACTED]	Retired Newspaper Publisher
Board Treasurer Mike Burke [REDACTED]	[REDACTED]	CPA
Board Secretary Jennifer Glidden [REDACTED]	[REDACTED]	DHHS Admin. Supervisor Consumer
Abigail Sykas Karoutas [REDACTED]	[REDACTED]	Attorney
Karin Barndollar [REDACTED]	[REDACTED]	Export Manager Consumer
Mark Boulanger [REDACTED]	[REDACTED]	CPA
Don Chick [REDACTED]	[REDACTED]	Photographer Consumer
Whitney Galeucia [REDACTED]	[REDACTED]	Consumer
[REDACTED]	[REDACTED]	Retired Accountant
Jo Jordon [REDACTED]	[REDACTED]	Emergency Management Consumer
Mathurin Malby, MD [REDACTED]	[REDACTED]	Physician

Name/Address	Phone/Email	Occupation
Allison Neal [REDACTED]	[REDACTED]	Education Consultant Consumer
Thomas Newbold [REDACTED]	[REDACTED]	Retired Project Management Consumer
John Pelletier [REDACTED]	[REDACTED]	Retired Truck Driver/Veteran Consumer
Yulia Rothenberg [REDACTED]	[REDACTED]	Education Consultant Consumer
Linda Sanborn [REDACTED]	[REDACTED]	CPA
Kathy Scheu [REDACTED]	[REDACTED]	Medical/Laboratory Product Sales
Mary Schleyer [REDACTED]	[REDACTED]	Private Foundation Manager
Jeffrey Segil, MD [REDACTED]	[REDACTED]	Physician-OB/GYN
David B. Staples, DDS [REDACTED]	[REDACTED]	Dentist Consumer
Peter Whitman [REDACTED]	[REDACTED]	Real Estate Development Consumer
Dan Schwarz [REDACTED]	[REDACTED]	Attorney Consumer

JANET M. LAATSCH



Jlaatsch@GoodwinCH.org

603-953-0065

Objective: To utilize my leadership skills to create a dynamic, sustainable non-profit organization.

WORK EXPERIENCE:

Goodwin Community Health (GCH)

Somersworth, NH

2001-Present

Chief Executive Officer

2005-Present

Accomplishments:

- Successfully retained all Directors and Physicians
- Built relationships with donors, foundations, local and state representatives and other non-profit and for-profit organizations
- Retention of an active Board of Directors
- Improvement of patient outcomes
- Successfully implemented mental health integration program
- Successfully acquired a for-profit mental health organization
- Developed a new partnership with Noble High School
- Developed a new partnership with Southeastern NH Services
- Obtained new grant funding of over \$7.0 million
- Expansion of donor base
- Development of a corporate compliance program
- Merged the public health and safety council under AGCHC

Responsibilities:

- Oversight of operations, finance, personnel and fund development
- Grant writing and donor development
- New business development
- Compliance with all federal and state regulations
- Build relationships and partnerships locally and statewide
- Strategic planning
- Report directly to the Board of Directors

Finance Director

2002-2005

Accomplishments:

- Brought in over \$3.0 million in grant funds for the organization
- Obtained Federally Qualified Health Center status in 2004
- Designed and implemented a successful new dental program
- Achieved a financial surplus annually

Responsibilities:

- Responsible for all financial transactions, billing, collections, patient accounts
- Strategic planning as it relates to capital funding
- Budget development, cost/benefit analysis of existing programs and potential new programs
- Development and implementation of an annual development plan
- Research, write, submit and provide follow-up reports for grant funds

• Oversee human resource functions of the organization
Grant Writer/Per Diem Nurse **2001-2002**

Grant Writing Services,
N. Hampton, NH
Sole Proprietor **1999-2001**

Accomplishments:

- Successfully researched and submitted grants for health and educational organizations totaling over \$150k

Responsibilities:

- Research private, industry, state and federal funds for non-profit organizations

North Shore Medical Center (Partners Health Care) **1991-1999**
Salem, MA

Acting Chief Operations Officer for the
North Shore Community Health Center **1997-1999**

Accomplishments:

- Successfully submitted their competitive Federal grant and other state grants
- Recruited a medical director and re-negotiated existing provider contracts to include productivity standards
- Re-designed operations to improve productivity
- Incorporated the hospital's medical residency program into the Health Center
- Achieved a financial surplus for the first time in five years
- Developed a quality improvement program and framework

Responsibilities:

- Placed at the Health Center by the North Shore Medical Center to revamp operations and improve the cash flow for the organization
- Reported directly to the Board of Directors

EDUCATION:

University of New Hampshire: M.B.A.
Durham, N.H. Concentration in Finance **1991**

Northern Michigan University: B.S.N.
Marquette, M.I. Minor in Biology **1981**

LICENSES/CERTIFICATES:

Real Estate Broker
N.H. Nursing License

PROFESSIONAL:

Member of the National Association of Community Health Centers
Previous Board member of the United Way of the Greater Seacoast
Treasurer for the Health and Safety Council of Strafford County
Board member of the Community Health Network Access (CHAN)
Board member of the Rochester Rotary, slotted for President in 2011

Erin E. Ross

[REDACTED]

[REDACTED]

[REDACTED]

Objective

Obtain a position in Health Care, which will continue to build knowledge and skills from both education and experiences gained.

Qualifications

Mature, energetic individual possessing management experience, organizational skills, multi-tasking abilities, good work initiative and communicates well with internal and external contacts. Proficient in computer skills with a strong background using all applications within Microsoft Office programs.

Education

September 1998 – May 2002

Bachelor of Science in Health Management & Policy
University of New Hampshire
Durham, New Hampshire 03824

Related Experience

August 2006 – Present

Service Expansion Director
Avis Goodwin Community Health Center

- Responsible for the overall function of the Winter St location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Assist with the integration of private OB/GYN practice into Avis Goodwin Community Health Center.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

May 2005 – August 2006

Site Manager, Dover Location
Avis Goodwin Community Health Center

- Responsible for the overall function of the Dover location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

January 2005 – November 2005

Front Office Manager
Avis Goodwin Community Health Center

- Supervise, hire and evaluate front office staff of both Avis Goodwin Community Health Center locations.
- Develop and implement policies and procedures for the smooth functioning of the front office.

May 2004 – Present

Dental Coordinator
Avis Goodwin Community Health Center

- Supervise, hire and evaluate dental staff, including Dental Assistant and Hygienists.
- Acted as general contractor during construction and renovation of existing facility for 4 dental exam rooms.
- Responsible for the operations of the dental center, development of educational programs for providers and staff and supervision of the school-based dental program.
- Developed policy and procedure manual, including OSHA and Infection Control protocols.
- Organize patient outcome data collection and quality improvement measures to monitor dental program and assure sustainability.
- Maintain all dental equipment and order all dental supplies.
- Coordinate grant fund requirements to multiple agencies on a quarterly basis.

- Oversee all aspects of billing for dental services, including training existing billing department staff.

July 2003 – May 2004

Administrative Assistant to Medical Director
Avis Goodwin Community Health Center

- Assist with Quality Improvement program by attending all meetings, generating monthly minutes documenting all aspects of the agenda and reporting quarterly data followed by the agency.
- Generate a monthly report reflecting provider productivity including number patients seen by each provider and no show and cancellation rates of appointments.
- Served as a liaison between patients and Chief Financial Officer to effectively handle all patient concerns and compliments.
- Established and re-created various forms and worksheets used by many departments.

December 2002 – May 2004

Billing Associate
Avis Goodwin Community Health Center

- Organize and respond to correspondence, rejections and payments from multiple insurance companies.
- Created an Insurance Manual for Front Office Staff and Intake Specialists as an aide to educate patients on their insurance.
- Responsible for credentialing and Re-credentialing of providers, including physicians, nurse practitioners and physician assistants, within the agency and to multiple insurance companies.
- Apply knowledge of computer skills, including Microsoft Office, Logician, PCN and Centricity.
- Designed a statement to generate from an existing Microsoft Access database for patients on payment plans to receive monthly statements.
- Assist Front Office Staff during times of planned and unexpected staffing shortages.

June 2002 - December 2002

Billing Associate
Automated Medical Systems
Salem, New Hampshire 03079

- Communicate insurance benefits and explain payments and rejections to patients about their accounts.
- Responsible for organizing and responding to correspondence received for multiple doctor offices.
- Determine effective ways for rejected insurance claims to get paid through communicating with insurance companies and patients.
- Apply knowledge of computer skills, including Microsoft Office, Accuterm and Docstar.

Work Experience

October 1998 – May 2002

Building Manager
Memorial Union Building – UNH
Durham, New Hampshire 03824

- Recognized as a Supervisor, May 2001-May 2002.
- Supervised Building Manager and Information Center staff.
- Responsible for managing and documenting department monetary transactions.
- Organized and led employee meetings on a weekly basis.
- Established policies and procedures for smooth functioning of daily events.
- Oversaw daily operations of student union building, including meetings and campus events.
- Served as a liaison between the University of New Hampshire, students, faculty and community.
- Organized and maintained a weekly list of rental properties available for students.
- Developed and administered new ideas for increased customer service efficiency.

References

Available upon request

EDUCATION:

St. Joseph's College of Maine, Masters of Science in Nursing in Administration
Assumption College, Worcester, MA (1994), Bachelor of Science in Liberal Studies (cum laude)
Great Bay Community College, Stratham, NH (2010), Associate in Science, Nursing Program
Becker College, Worcester, MA (1990), Associate in Science, Paralegal Studies

LICENSING/CERTIFICATIONS/AWARDS:

- RN for State of NH expires Aug. 2019
- Basic Life Support for Healthcare Provider and AHA BLS Instructor expires Apr. 2020
- Certificate in Medication Safety Essentials from Purdue University College of Pharmacy
- New Hampshire Nursing Association 2013 Nominee for Award in Professional Advancement

MEDICAL EXPERIENCE:

Goodwin Community Health, Somersworth, NH (Jan. 2014-present)

Director of QI and Population Health (Aug. 2016-present)

- Manage and collaborate with Clinical Nurse Mgr., Care Coordination Mgr. and Data Analyst to help achieve strategic goals and enhance clinical operations/programs.
- Oversees agency's Quality Management program
- Facilitate implementation of new programs/services resulting from grants and/or changes to federal and state requirements.
- Oversee the development and maintenance of written policies and procedures in collaboration with providers and staff to guide daily operations. Oversee agency staff training as co-chair for Staff Training Committee.
- Participate in committees such as Risk Management, Strategic Planning, Customer Service, CHAN User Group.
- Oversee the Strafford County Public Health Network.

Manager of Population Health Analytics (Oct. 2015-Aug. 2016)

- Designed and maintained a system that identifies high risk/high utilization patients and established clinical pathways
- Oversaw incentives awarded to insurance carriers and increased incentive payments.
- Managed Data Analyst while ensuring business receives optimal revenue from insurance company incentives relating to quality measures and care coordination.
- Maintained CQI dashboard and performed PDSA cycles to improve patient outcomes and performance measures.

Nurse Quality Improvement Manager (Jan. 2014-Oct. 2015)

- Manage Data Analyst and Community Health Worker while ensuring business receives optimal revenue from insurance company incentives relating to quality measures and care coordination.
- Responsible for redesign of Quality Improvement dashboard, providing reports to the Board of Directors, reviewing monthly QI reports, analyzing the data, performing quality audits, identifying and resolving data issues and demonstrating requirements of regulatory agencies, professional standard and managed care organizations are met. Demonstrated improvement in several quality measures in just seven months.
- Perform comprehensive case management and care coordination for chronically ill and high utilizing patients to improve customer care and cost per patient ratios. Increased compliance in asthma patients by 9%.
- Develop and implement strategies and best practices for care coordination in support of strategic goals, clinical operations and clinical programs to support quality initiatives and improved customer service.
- Demonstrate leadership abilities by engaging the care team of providers, nurse care managers and medical assistants in the process of quality improvement by establishing "Champions" for quality indicators to identify gaps in a process and help foster a culture of continuous improvement.
- Write, revise, and organize policies and procedures in accordance with best practices and supporting patient centered medical home model of care and responsible for all staff training and building competencies to enhance job descriptions and accountability.
- Handle complaints for organization while looking for areas of opportunity to improve customer satisfaction.
- Assisted in redesign of office workflow to improve care management opportunities resulting in increased productivity. Familiar with Lean and Six Sigma methodology.

- Active participant in Screening and Brief Intervention Referral to Treatment task force and Behavioral Health Expansion task force to ensure integrated behavioral health to all patients, including adolescent and prenatal population.
- Project lead for various quality improvement grants, such as Million Hearts, with demonstrated areas of improvement.
- Member of Continuous Quality Improvement Committee, Customer Service Committee, Safety Committee and Compliance Committee.

Community Health Access Network, Newmarket, NH

Data Analyst (Oct. 2015-July 2016)

- Analyzed Crystal Reports and Clinical Quality Reports for accuracy.

Wentworth-Douglass Hospital, Dover, NH

Staff Nurse-RN3 (July 2010-May 2014)

- Provided care and promoted optimum outcomes for medical surgical patients while supporting Joint Commission's National Patient Safety Goals.
- Specialized competency in cardiac telemetry monitoring and caring for stroke patients.
- Educated and counseled patients/families regarding health, medication regimen, treatment, exercise, smoking cessation, nutrition, stress management and healthy lifestyle behaviors.
- Worked collaboratively with physicians and other hospital staff to achieve optimum patient care.
- Functioned as resource nurse facilitating hourly rounds, physician rounds and multi-disciplinary rounds, assigned beds for admissions and transfers, oriented new staff, communicated with admission liaison and nursing supervisors and supported care plans and nurse sensitive indicator initiatives while maintaining a calm, caring and positive environment to a 32 bed unit.
- Schedule Coordinator of nursing unit for 30+ nurses, which involved organizing shifts based on need, updating schedule based on personnel changes, record keeping for personnel files.

Clinical Risk Manager (Per Diem Oct. 2013-Jan. 2014)

- Filled in for Clinical Risk Manager during department transition.
- Reviewed hospital and multi practice occurrences for potential risk.
- Ensured compliance with legislation and corporate policies and assisted with policy change.
- Maintained a facility-wide incident reporting system. Familiar with NextGen, Soarian, Midas, Excel and Word

ADDITIONAL EXPERIENCE

Sun Life Financial, Wellesley Hills, MA (Feb. 1994-Oct.1997 and Sept. 2000-July 2001)

Account Executive for Small Group Unit

- Chosen as core team member to start up small business unit and developed workflow for new product group.
- Performed contract review for Life, Short and Long Term Disability sales for small business groups.
- Knowledge of and experience with applying Group Benefits policies/practices and interpreting contracts/benefit provisions, as well as general knowledge of Group Benefits.
- Prepared and performed training presentations to sales force.
- Reviewed applicant's medical history as it related to evidence of insurability.
- Team leader for process improvement projects.

Sr. Claims Examiner, Group Long Term Disability

- Managed high volume disability claims accurately and timely while administering quality customer service.
- Communicated with claimants, medical/legal professionals, claims staff and others to assess disability status and approved or denied liability on claims as defined by the contract.
- Efficiently responded to written and telephonic inquires regarding status of disability claims.

Liberty Mutual, Dover, NH (Jan. 1998-Aug. 1998)

Underwriter, Life and Disability Unit

- Underwrote Life, Short and Long Disability for large business groups.
- Reviewed Life and Disability contracts and provided technical support to internal departments and sales force.

Shannon, Ford & Peters, Worcester, MA (June 1990-Feb. 1994)

Paralegal

- Focused on personal injury, workers' compensation and general liability claims.

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Laatsch	Chief Executive Officer	\$213,574	0%	\$0
Erin Ross	Chief Financial Officer	\$146,973	0%	\$0
Cathleen Smith	Director of Public Health & CQI	\$97,760	10%	\$9,776



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

Table with 5 columns: VENDOR NAME, REGION SERVED, SFY 2018, SFY 2019, TOTAL. Lists 13 vendors and their respective funding amounts for 2018, 2019, and a total of \$10,415,869.

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

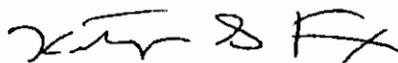
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

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

Respectfully submitted,

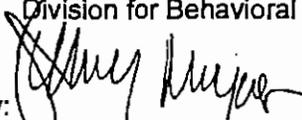


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
 98% Federal Funds & 2% General Funds**

CFDA #93.959

FAIN #TI010035

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
			Sub-Total	317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
			Sub-Total	317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
			Sub-Total	317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
			Sub-Total	317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
			Sub-Total	317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



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

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)
1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (PHEP)

1.	City of Nashua
2.	Manchester Health Dept
3.	0
4.	0
5.	0
6.	0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-03

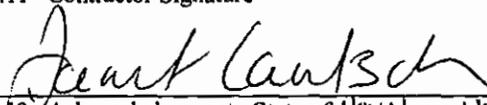
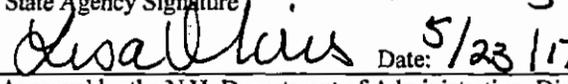
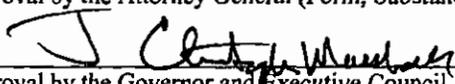
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Goodwin Community Health		1.4 Contractor Address 311 Route 108 Somersworth, NH 03878	
1.5 Contractor Phone Number 603-516-2562	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$787,630
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Janet Leutsch, CEO	
1.13 Acknowledgement: State of <u>New Hampshire</u> County of <u>Strafford</u> On <u>May 4, 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]		ELIZABETH A. CLEMENCE Notary Public, State of New Hampshire My Commission Expires April 6, 2021	
1.13.2 Name and Title of Notary or Justice of the Peace Elizabeth A. Clemence, Notary Public			
1.14 State Agency Signature  Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Contractor Initials 
Date 5-9-17

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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

Contractor Initials RL
Date 8-4-11



Exhibit A

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule	
SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
 - 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
 - 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
 - 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures



Exhibit A

- 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,

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Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.



Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

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7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

- 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
- 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
- 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
- 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
- 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
- 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
- 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
- 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

- 7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- 7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- 7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

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

Handwritten initials, possibly 'JR', written in black ink.

Handwritten date '5-9-17' written in black ink.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

AL
10-17



Exhibit B

-
- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 19,053.05	\$ -	\$ 19,053.05	
2. Employee Benefits	\$ 4,191.67	\$ -	\$ 4,191.67	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 600.00	\$ -	\$ 600.00	
6. Travel	\$ 700.00	\$ -	\$ 700.00	
7. Occupancy	\$ 1,500.00	\$ -	\$ 1,500.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,600.00	\$ -	\$ 1,600.00	
9. Software	\$ 400.00	\$ -	\$ 400.00	
10. Marketing/Communications	\$ 1,355.28	\$ -	\$ 1,355.28	
11. Staff Education and Training	\$ 600.00	\$ -	\$ 600.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

0.0%

\$ -

Contractor Initials: 

Date: 5-9-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,371.12	\$ -	\$ 4,371.12	
2. Employee Benefits	\$ 961.64	\$ -	\$ 961.64	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 494.41	\$ -	\$ 494.41	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 78,338.83	\$ -	\$ 78,338.83	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 84,166.00	\$ -	\$ 84,166.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-9-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

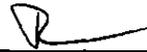
Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,371.12	\$ -	\$ 4,371.12	
2. Employee Benefits	\$ 961.64	\$ -	\$ 961.64	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 494.41	\$ -	\$ 494.41	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 78,338.83	\$ -	\$ 78,338.83	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 84,166.00	\$ -	\$ 84,166.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-9-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,818.82	\$ -	\$ 46,818.82	
2. Employee Benefits	\$ 10,300.14	\$ -	\$ 10,300.14	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 750.00	\$ -	\$ 750.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 750.00	\$ -	\$ 750.00	
6. Travel	\$ 1,620.00	\$ -	\$ 1,620.00	
7. Occupancy	\$ 2,000.00	\$ -	\$ 2,000.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,720.00	\$ -	\$ 1,720.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,421.04	\$ -	\$ 1,421.04	
11. Staff Education and Training	\$ 1,500.00	\$ -	\$ 1,500.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 67,380.00	\$ -	\$ 67,380.00	

Indirect As A Percent of Direct

\$

0.0%

Contractor Initials: 

Date: 5-9-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$67,923.83	\$-	\$ 67,923.83	
2. Employee Benefits	\$14,943.24	\$-	\$ 14,943.24	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$500.00	\$-	\$ 500.00	
6. Travel	\$1,166.40	\$-	\$ 1,166.40	
7. Occupancy	\$2,000.00	\$-	\$ 2,000.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,200.00	\$-	\$ 3,200.00	
9. Software	\$250.00	\$-	\$ 250.00	
10. Marketing/Communications	\$685.53	\$-	\$ 685.53	
11. Staff Education and Training	\$600.00	\$-	\$ 600.00	
12. Subcontracts/Agreements	\$-	\$-	\$ -	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 91,269.00	\$ -	\$ 91,269.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 8-9-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

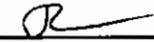
Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$5,852.34	\$-	\$ 5,852.34	
2. Employee Benefits	\$1,287.51	\$-	\$ 1,287.51	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$450.00	\$-	\$ 450.00	
6. Travel	\$120.00	\$-	\$ 120.00	
7. Occupancy	\$-	\$-	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$160.15	\$-	\$ 160.15	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$130.00	\$-	\$ 130.00	
11. Staff Education and Training	\$-	\$-	\$ -	
12. Subcontracts/Agreements	\$12,000.00	\$-	\$ 12,000.00	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-4-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$5,281.12	\$-	\$ 5,281.12	
2. Employee Benefits	\$1,161.84	\$-	\$ 1,161.84	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$450.00	\$-	\$ 450.00	
6. Travel	\$120.00	\$-	\$ 120.00	
7. Occupancy	\$362.04	\$-	\$ 362.04	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$250.00	\$-	\$ 250.00	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$125.00	\$-	\$ 125.00	
11. Staff Education and Training	\$250.00	\$-	\$ 250.00	
12. Subcontracts/Agreements	\$12,000.00	\$-	\$ 12,000.00	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials:

PR

Date:

5-4-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$69,680.00	\$ -	\$ 69,680.00	
2. Employee Benefits	\$7,967.70	\$ -	\$ 7,967.70	
3. Consultants	\$7,000.00	\$ -	\$ 7,000.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$750.00	\$ -	\$ 750.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$500.00	\$ -	\$ 500.00	
6. Travel	\$704.00	\$ -	\$ 704.00	
7. Occupancy	\$800.00	\$ -	\$ 800.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$400.00	\$ -	\$ 400.00	
9. Software	\$200.00	\$ -	\$ 200.00	
10. Marketing/Communications	\$1,598.30	\$ -	\$ 1,598.30	
11. Staff Education and Training	\$400.00	\$ -	\$ 400.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$90,000.00	\$0.00	\$ 90,000.00	

Indirect As A Percent of Direct

Contractor Initials: 

Date: 5-9-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$71,110.00	\$ -	\$ 71,110.00	
2. Employee Benefits	\$8,138.25	\$ -	\$ 8,138.25	
3. Consultants	\$6,000.00	\$ -	\$ 6,000.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$600.00	\$ -	\$ 600.00	
6. Travel	\$704.00	\$ -	\$ 704.00	
7. Occupancy	\$900.00	\$ -	\$ 900.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$400.00	\$ -	\$ 400.00	
9. Software	\$300.00	\$ -	\$ 300.00	
10. Marketing/Communications	\$1,597.75	\$ -	\$ 1,597.75	
11. Staff Education and Training	\$250.00	\$ -	\$ 250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 90,000.00	\$ -	\$ 90,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials:

Date:

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$7,306.10	\$ -	\$ 7,306.10	
2. Employee Benefits	\$950.57	\$ -	\$ 950.57	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,150.00	\$ -	\$ 1,150.00	
6. Travel	\$900.00	\$ -	\$ 900.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 693.33	\$ -	\$ 693.33	
Stericycle for sharps	\$0.00	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 11,000.00	\$ -	\$ 11,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-4-12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$7,415.69	\$ -	\$ 7,415.69	
2. Employee Benefits	\$950.57	\$ -	\$ 950.57	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,033.74	\$ -	\$ 1,033.74	
6. Travel	\$900.00	\$ -	\$ 900.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 700.00	\$ -	\$ 700.00	
Stericycle for sharps	\$0.00	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 11,000.00	\$ -	\$ 11,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-4-17



SPECIAL PROVISIONS

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

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



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

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

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



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

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



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

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

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

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

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

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

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

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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

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

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

JK

5-9-17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

8-7-11

New Hampshire Department of Health and Human Services
Exhibit D



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

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

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

Contractor Name:

8-4-17
Date

Janet Lautsch
Name:
Title: CEO, Janet Lautsch

Contractor Initials [Signature]
Date 8-4-17



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name:

Date

5-4-17

Name:

Title:

Janet Laatsch
CEO, Janet Laatsch

Exhibit E – Certification Regarding Lobbying

Contractor Initials

DL

5-4-17

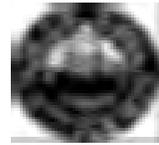


**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

Date 5-4-17

Janet Laatsch
Name:
Title: CEO, Janet Laatsch

Contractor Initials JL

Date 5-4-17



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

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

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

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

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

Exhibit G

Contractor Initials

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

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name:

5-4-17
Date

Janet Laatsch
Name:
Title: CEO, Janet Laatsch

Exhibit G

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

Contractor Initials RL

Date 5-4-17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:

5-4-17
Date

Janet Laatsch
Name:
Title: CEO, Janet Laatsch



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



Exhibit I

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

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

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

SR
5-9-11



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Goodwin Community Health
Name of the Contractor

David Lautsch
Signature of Authorized Representative

David Lautsch
Name of Authorized Representative

CEO
Title of Authorized Representative

5-4-17
Date



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

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

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

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

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

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

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

Contractor Name:

5-4-17
Date

Janet Laatsch
Name:
Title: CEO, Janet Laatsch



FORM A

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

1. The DUNS number for your entity is: 780054164
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____ Amount: _____



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Granite United Way (Capital Region) (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 46 S Main Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$708,406.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
5. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

6. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
7. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
8. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.

New Hampshire Department of Health and Human Services
Regional Public Health Network Services



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

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

State of New Hampshire
Department of Health and Human Services

6/11/18
Date

[Signature]
Lisa Morris
Director

Granite United Way (Capital Region)

5/30/2018
Date

[Signature]
Name: Patrick Tufts
Title: President & CEO

Acknowledgement of Contractor's signature:

State of New Hampshire, County of Hillsborough on May 30, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Notary Public Executive Assistant & Office Manager
Name and Title of Notary for Justice of the Peace

My Commission Expires: June 24, 2020



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



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

OFFICE OF THE ATTORNEY GENERAL

6/5/18
Date

[Signature]
Name: Megan Y. LPU
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.

[Handwritten Signature]

5/30/2018



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Capital Region

**Regional Public Health Network Services -
Budget Request for: CoC**

Budget Period: SFY 2019

Line/Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 1,000.00	\$ 50.00	\$ 1,050.00	
2. Employee Benefits	\$ 275.00	\$ 14.00	\$ 289.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 37,075.00	\$ 1,836.00	\$ 38,911.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 38,350.00	\$ 1,900.00	\$ 40,250.00	

Indirect As A Percent of Direct

5.0%

RFP-2018-DPHS-01-REGION-04

Contractor Initials: GT

Page 1 of 1

Date: 5/30/2018



Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

[Handwritten Signature]

5/30/2018



Exhibit K

DHHS Information Security Requirements

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a



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DHHS Information Security Requirements

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



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wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a



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DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).



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DHHS Information Security Requirements

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



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the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.



Exhibit K

DHHS Information Security Requirements

- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



DHHS Information Security Requirements

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

State of New Hampshire

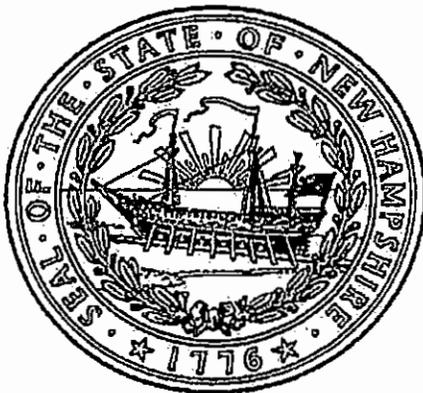
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. 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: 65650

Certificate Number : 0004094335



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2018.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Sean Owen, do hereby certify that:

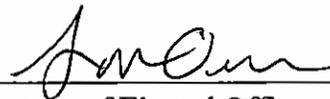
1. I am a duly elected Board Chair of Granite United Way, Inc., a New Hampshire voluntary corporation; and
2. The following are true copies of two resolutions duly adopted at a meeting of the Executive Committee of the Board of Directors of the corporation, duly held on October 8, 2015;

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the President & CEO is hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Patrick Tufts is the duly elected President & CEO of the corporation.

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of the 30th day of May, 2018.

IN WITNESS WHEREOF, I have hereunto set my name as Board Chair of the Corporation hereto, affixed this 30th day of May, 2018.

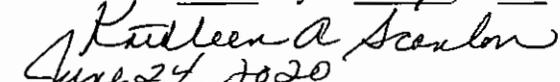


Signature of Elected Officer

STATE OF NEW HAMPSHIRE
County of Hillsborough

The forgoing instrument was acknowledged before me this 30th day of May, 2018.

By: Sean Owen


June 24, 2020
(Notary Public)

Commission Expires:

June 24, 2020





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/16/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Sarah Fifield PHONE (A/C, No, Ext): (603) 224-2562 E-MAIL ADDRESS: sfifield@rowleyagency.com FAX (A/C, No): (603) 224-8012	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hanover Ins - Bedford	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 18-19 All Lines** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL ISUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ZHV900337107	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 Professional Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		ZHV900337107	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		UHV9003210-07	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WHV8996802-07	1/1/2018	1/1/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER State of NH, DHHS 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Sarah Fifield/MAP <i>Sarah Fifield</i>
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Granite United Way Mission

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way Vision

Granite United Way's vision is to be the preferred way people work together to build a community that values its collective responsibility to care for each other.

GRANITE UNITED WAY

FINANCIAL REPORT

MARCH 31, 2017

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on the Financial Statements

We have audited the accompanying financial statements of Granite United Way, which comprise the statement of financial position as of March 31, 2017, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of March 31, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 17, 2017 on our consideration of Granite United Way's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Granite United Way's internal control over financial reporting and compliance.

Other Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited the Granite United Way March 31, 2016 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated August 25, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended March 31, 2016 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Nathan Necholen & Company

Concord, New Hampshire
August 17, 2017

GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION
March 31, 2017 with comparative totals as of March 31, 2016

ASSETS	2017				2016
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
CURRENT ASSETS					
Cash	\$ 449,632	\$ 277,968	\$ -	\$ 727,600	\$ 926,116
Prepaid and reimbursable expenses	53,027	-	-	53,027	38,245
Investments	465,149	-	-	465,149	463,743
Accounts and rent receivable	11,021	-	-	11,021	6,846
Contributions and grants receivable, net of allowance for uncollectible contributions 2017 \$525,727; 2016 \$499,427	-	3,796,908	-	3,796,908	3,673,854
Assets held for sale	-	-	-	-	109,568
<i>Total current assets</i>	<u>978,829</u>	<u>4,074,876</u>	<u>-</u>	<u>5,053,705</u>	<u>5,218,372</u>
OTHER ASSETS					
Property and equipment, net	1,028,071	-	-	1,028,071	1,303,019
Investments - endowment	9,792	45,686	100,397	155,875	147,597
Beneficial interest in assets held by others	-	1,691,022	-	1,691,022	1,587,401
<i>Total other assets</i>	<u>1,037,863</u>	<u>1,736,708</u>	<u>100,397</u>	<u>2,874,968</u>	<u>3,038,017</u>
<i>Total assets</i>	<u>\$ 2,016,692</u>	<u>\$ 5,811,584</u>	<u>\$ 100,397</u>	<u>\$ 7,928,673</u>	<u>\$ 8,256,389</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
ALLOCATED ANNUAL CAMPAIGN SUPPORT DESIGNATED FOR FUTURE PERIODS					
Future allocations payable	\$ 1,958,135	\$ -	\$ -	\$ 1,958,135	\$ 2,276,379
Donor-designations payable	375,152	1,109,265	-	1,484,417	1,471,061
	<u>2,333,287</u>	<u>1,109,265</u>	<u>-</u>	<u>3,442,552</u>	<u>3,747,440</u>
Current maturities of long-term debt	12,190	-	-	12,190	11,683
Funds held for others	29,420	-	-	29,420	28,960
Accounts payable	29,739	38,817	-	68,556	18,958
Accrued expenses	106,537	-	-	106,537	120,736
Deferred revenue - designation fees	44,246	-	-	44,246	47,344
<i>Total current liabilities</i>	<u>2,555,419</u>	<u>1,148,082</u>	<u>-</u>	<u>3,703,501</u>	<u>3,975,121</u>
LONG-TERM DEBT, less current maturities	<u>227,230</u>	<u>-</u>	<u>-</u>	<u>227,230</u>	<u>239,018</u>
COMMITMENTS (See Notes)					
NET ASSETS (DEFICIT):					
Unrestricted	(1,554,608)	-	-	(1,554,608)	(1,743,087)
Unrestricted, invested in property and equipment	788,651	-	-	788,651	1,052,318
<i>Total unrestricted net deficit</i>	<u>(765,957)</u>	<u>-</u>	<u>-</u>	<u>(765,957)</u>	<u>(690,769)</u>
Temporarily restricted	-	4,663,502	-	4,663,502	4,632,622
Permanently restricted	-	-	100,397	100,397	100,397
<i>Total net assets (deficit)</i>	<u>(765,957)</u>	<u>4,663,502</u>	<u>100,397</u>	<u>3,997,942</u>	<u>4,042,250</u>
<i>Total liabilities and net assets</i>	<u>\$ 2,016,692</u>	<u>\$ 5,811,584</u>	<u>\$ 100,397</u>	<u>\$ 7,928,673</u>	<u>\$ 8,256,389</u>

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year ended March 31, 2017 with comparative totals for the year ended March 31, 2016

	2017			2016	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Support and revenues:					
Campaign revenue:					
Total contributions pledged	\$ -	\$ 6,847,216	\$ -	\$ 6,847,216	\$ 6,878,664
Less donor designations	-	(1,672,420)	-	(1,672,420)	(1,895,593)
Less provision for uncollectible pledges	-	(288,453)	-	(288,453)	(296,558)
Add prior years' excess provision for uncollectible pledges taken into income in current year	89,820	-	-	89,820	159,007
<i>Net campaign revenue</i>	89,820	4,886,343	-	4,976,163	4,845,520
Support:					
Sponsors and other contributions	6,548	671,390	-	677,938	716,447
Grant revenue	-	1,108,898	-	1,108,898	635,227
In-kind contributions	40,899	-	-	40,899	57,365
<i>Total support</i>	137,267	6,666,631	-	6,803,898	6,254,559
Other revenue:					
Administrative fees	60,566	-	-	60,566	58,073
Returned grants	33,575	-	-	33,575	-
Rental income	87,603	-	-	87,603	80,497
Miscellaneous income	3,023	-	-	3,023	2,776
<i>Total support and revenues</i>	322,034	6,666,631	-	6,988,665	6,395,905
Net assets released from restrictions:					
For satisfaction of time restrictions	4,792,039	(4,792,039)	-	-	-
For satisfaction of program restrictions	1,955,091	(1,955,091)	-	-	-
	7,069,164	(80,499)	-	6,988,665	6,395,905
Expenses:					
Program services	5,754,597	-	-	5,754,597	5,471,034
Support services:					
Management and general	550,755	-	-	550,755	484,246
Fundraising	948,140	-	-	948,140	753,390
<i>Total expenses</i>	7,253,492	-	-	7,253,492	6,708,670
Decrease in net assets before other activities	(184,328)	(80,499)	-	(264,827)	(312,765)
Other activities:					
Increase (decrease) in value of beneficial interest in trusts, net of fees 2017 \$11,529; 2016 \$11,422	-	103,621	-	103,621	(150,302)
Realized and unrealized gains (losses) on investments	(8,864)	5,567	-	(3,297)	(10,578)
Gain on sale of property and equipment	22,433	-	-	22,433	-
Investment income	95,571	2,191	-	97,762	93,077
<i>Total other activities</i>	109,140	111,379	-	220,519	(67,803)
<i>Net increase (decrease) in net assets</i>	(75,188)	30,880	-	(44,308)	(380,568)
Net assets (deficit), beginning of year	(690,769)	4,632,622	100,397	4,042,250	4,422,818
<i>Net assets (deficit), end of year</i>	\$ (765,957)	\$ 4,663,502	\$ 100,397	\$ 3,997,942	\$ 4,042,250

GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES

Year ended March 31, 2017 with comparative totals for the year ended March 31, 2016

	2017				2016
	Program services	Management and general	Fundraising	Total	Total
Salaries and wages	\$ 1,709,306	\$ 377,081	\$ 618,640	\$ 2,705,027	\$ 2,493,659
Payroll taxes	111,906	24,687	40,502	177,095	163,224
Employee fringe benefits	191,941	42,343	69,468	303,752	239,908
Employer 403(b) contribution	48,989	10,807	17,730	77,526	72,511
<i>Total salaries and related benefits</i>	<u>2,062,142</u>	<u>454,918</u>	<u>746,340</u>	<u>3,263,400</u>	<u>2,969,302</u>
Community Impact Grants to agencies	2,005,635	-	-	2,005,635	2,360,600
Occupancy	101,066	22,295	36,578	159,939	130,183
Grant expenses-Public Health Network	482,131	-	-	482,131	174,300
Other program services (See Note 13)	282,959	-	-	282,959	267,737
Safe Station expenses	191,490	-	-	191,490	-
211 expenses	113,823	-	-	113,823	89,218
Telephone, communications and technology	65,365	14,420	23,657	103,442	88,711
United Way Worldwide dues	49,233	10,861	17,818	77,912	67,321
Publications, printing and campaign expenses	29,714	-	44,571	74,285	76,767
Professional services	32,955	7,270	11,927	52,152	56,695
Supplies and office expense	27,668	6,103	10,013	43,784	47,050
In-kind expenses	25,844	5,701	9,354	40,899	57,365
STEAM Ahead expenses	38,897	-	-	38,897	27,508
Insurance	22,491	4,962	8,140	35,593	35,552
Travel	18,251	4,026	6,605	28,882	30,950
Volunteer Income Tax Assistance expenses	27,234	-	-	27,234	27,816
Conferences, training and meetings	17,021	3,755	6,160	26,936	16,276
Community needs assessment	25,000	-	-	25,000	12,500
Special events	19,418	1,600	2,625	23,643	16,632
Miscellaneous	14,628	3,228	5,295	23,151	17,554
Postage	10,058	2,219	3,640	15,917	14,556
Other dues and awards	5,496	1,213	1,989	8,698	11,250
Community impact expenses	8,151	-	-	8,151	5,501
Investment fees	1,381	304	499	2,184	4,930
<i>Total expenses before interest and depreciation</i>	<u>5,678,051</u>	<u>542,875</u>	<u>935,211</u>	<u>7,156,137</u>	<u>6,606,274</u>
Interest expense	8,683	894	1,467	11,044	11,315
Depreciation	67,863	6,986	11,462	86,311	91,081
<i>Total functional expenses</i>	<u>\$ 5,754,597</u>	<u>\$ 550,755</u>	<u>\$ 948,140</u>	<u>\$ 7,253,492</u>	<u>\$ 6,708,670</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended March 31, 2017 and 2016

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	\$ 7,150,826	\$ 7,236,918
Cash received from grantors	1,108,898	635,227
Administrative fees	57,468	62,579
Other cash received	120,026	83,682
Cash received from trust	74,157	73,308
Designations paid	(1,659,064)	(1,728,531)
Net cash (paid) received for funds held for others	460	(37,796)
Cash paid to agencies	(2,271,239)	(2,333,702)
Cash paid to suppliers, employees, and others	(5,099,556)	(4,017,957)
<i>Net cash used in operating activities</i>	<u>(518,024)</u>	<u>(26,272)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of property and equipment	363,739	-
Purchase of property and equipment	(43,102)	(51,127)
Proceeds from sale of investments	10,152	12,249
<i>Net cash provided by (used in) investing activities</i>	<u>330,789</u>	<u>(38,878)</u>
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayments of long-term debt	(11,282)	(10,944)
<i>Net decrease in cash</i>	<u>(198,517)</u>	<u>(76,094)</u>
Cash, beginning of year	926,116	1,002,210
<i>Cash, end of year</i>	<u>\$ 727,599</u>	<u>\$ 926,116</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS (CONTINUED)

Years Ended March 31, 2017 and 2016

	2017	2016
RECONCILIATION OF DECREASE IN NET ASSETS TO NET CASH USED IN OPERATING ACTIVITIES		
Decrease in net assets	\$ (44,308)	\$ (380,568)
Adjustments to reconcile decrease in net assets to net cash used in operating activities:		
Realized and unrealized loss on investments	3,297	10,578
Gain on sale of property and equipment	(22,433)	-
Reinvested interest and dividends	(23,133)	(14,942)
Depreciation	86,311	91,081
Prior years' excess provision for uncollectible pledges	(89,820)	(159,007)
(Increase) decrease in accounts and rent receivable	(4,175)	409
(Increase) decrease in prepaid and reimbursable expenses	(14,782)	182,722
Increase in contributions receivable	(33,234)	(230)
(Increase) decrease in value of beneficial interest in assets held by others	(103,621)	150,302
Increase (decrease) in allocated annual campaign	(304,888)	154,555
Increase (decrease) in funds held for others	460	(37,796)
Decrease in grants payable	-	(22,000)
Increase in accounts payable	49,600	13,047
Decrease in accrued expenses	(14,199)	(18,929)
Increase (decrease) in deferred revenue	(3,098)	4,506
<i>Net cash used in operating activities</i>	<u>\$ (518,023)</u>	<u>\$ (26,272)</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:

Interest expense	\$ 11,044	\$ 11,315
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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities

Granite United Way (the "United Way") was formed on July 1, 2010, as the result of a merger of four local not-for-profit entities - Heritage United Way, Inc., United Way of Merrimack County, North Country United Way and Upper Valley United Way. All of these entities shared the common goal to raise and distribute funds for the community's needs. This merger allows for shared resources and reduction in overhead in order to increase impact in the communities the United Way serves.

On February 1, 2012, the United Way acquired the assets and assumed the liabilities of United Way of Northern New Hampshire. On January 1, 2013, the United Way acquired the assets and assumed the liabilities of Lakes Region United Way.

The United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by the United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay the United Way's operating expenses. Donors may designate their pledges to support a region of the United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as temporarily restricted in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

The United Way invests in the community through three different vehicles:

<u>March 31,</u>	<u>2017</u>	<u>2016</u>
Community Impact Awards to partner agencies	\$ 2,005,635	\$ 2,360,600
Donor designated gifts to Health and Human Service agencies	1,672,420	1,895,593
Granite United Way Program services	3,748,962	3,110,434
<i>Total</i>	<u>\$ 7,427,017</u>	<u>\$ 7,366,627</u>

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the United Way have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at March 31, 2017 and 2016.

Basis of presentation: The United Way accounts for contributions received in accordance with the FASB Accounting Standards Codification topic for revenue recognition (FASB ASC 958-605) and contributions made in accordance with FASB ASC 958-720-25 and FASB ASC 958-310. In accordance with FASB ASC 958-605-25, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. In addition, FASB ASC 958-310 requires that unconditional promises to give (pledges) be recorded as receivables and recognized as revenues.

The United Way adheres to the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the United Way is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Descriptions of the three net asset categories are as follows:

Unrestricted net assets include both undesignated and designated net assets, which are the revenues not restricted by outside sources and revenues designated by the Board of Directors for special purposes and their related expenses.

Temporarily restricted net assets include gifts and pledges for which time restrictions or donor-imposed restrictions have not yet been met and donor designations payable associated with uncollected pledges. Temporarily restricted net assets also include the beneficial interest in assets held by others and the accumulated appreciation related to permanently restricted endowment gifts, which is a requirement of FASB ASC 958-205-45.

Permanently restricted net assets include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof be made available for program operations in accordance with donor restrictions.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of \$288,453 and \$296,558 for the campaign years ended March 31, 2017 and 2016, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both years ended March 31, 2017 and 2016.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Deferred revenue: The United Way charged a 10% administrative fee on the State Campaign designations for both years ended March 31, 2017 and 2016. The United Way charged 5% on most other designations for both of the years ended March 31, 2017 and 2016.

These administrative fees are recognized in the post campaign years, as this is the year they are available to offset administrative expenses.

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, call center space, gift certificates, materials and other items, amounting to \$40,899 and \$57,365 have been reflected at fair value in the financial statements for the years ended March 31, 2017 and 2016, respectively.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The cost of providing the various programs and other activities has been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Property and equipment: Property and equipment are included in unrestricted net assets and are carried at cost if purchased and fair value if contributed. Maintenance, repairs and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of \$1,000.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements.....	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at March 31, 2017, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to \$250,000. Amounts included in cash in excess of federally insured limits were approximately \$182,000 at March 31, 2017.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2014.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 - inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.
- Level 2 - inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 - inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2017:

	Level 1	Level 2	Level 3
Money market funds	\$ 81,311	\$ 12,250	\$ -
Mutual funds:			
Domestic equity	55,025	-	-
Fixed income	250,459	-	-
Other	5,065	-	-
Fixed income funds	181,537	-	-
Municipal bonds	-	10,765	-
Corporate bonds	-	24,736	-
Beneficial interest in assets held by others	-	-	1,691,022
<i>Total</i>	<u>\$ 573,397</u>	<u>\$ 47,751</u>	<u>\$ 1,691,022</u>

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2016:

	Level 1	Level 2	Level 3
Money market funds	\$ 79,529	\$ 6,384	\$ -
Mutual funds:			
Domestic equity	89,491	-	-
International equity	4,188	-	-
Fixed income	247,901	-	-
Other	5,164	-	-
Fixed income funds	143,747	-	-
Municipal bonds	-	11,057	-
Corporate bonds	-	25,552	-
Beneficial interest in assets held by others	-	-	1,587,401
<i>Total</i>	<u>\$ 570,020</u>	<u>\$ 42,993</u>	<u>\$ 1,587,401</u>

**Beneficial interest in
assets held by others**

<i>Balance, April 1, 2015</i>	\$ 1,737,703
Total unrealized losses, net of fees, included in changes in temporarily restricted net assets	<u>(150,302)</u>
<i>Balance, March 31, 2016</i>	\$ 1,587,401
Total unrealized gains, net of fees, included in changes in temporarily restricted net assets	<u>103,621</u>
<i>Balance, March 31, 2017</i>	<u>\$ 1,691,022</u>
Amount of unrealized gains, net of fees, attributable to change in unrealized gains relating to assets still held at the reporting date included in the statement of activities and changes in net assets	<u>\$ 103,621</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources. The fair value of investments in money market funds is based upon the net asset values determined by the underlying investments in which the funds invest.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at March 31, 2017 and 2016.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

Property and equipment, at cost, at March 31,	2017	2016
Land, buildings and building improvements	\$ 1,078,962	\$ 1,708,167
Leasehold improvements	5,061	5,061
Furniture and equipment	422,614	398,497
<i>Total property and equipment</i>	1,506,637	2,111,725
Less accumulated depreciation	(478,566)	(808,706)
<i>Total property and equipment, net</i>	\$ 1,028,071	\$ 1,303,019

Note 5. Assets Held for Sale

During the year ended March 31, 2016, the United Way made the decision to sell their property in Concord, New Hampshire which was sold during June 2016.

Assets held for sale consisted of the following at March 31,	2017	2016
Building	\$ -	\$ 89,781
Building improvements	-	19,787
<i>Total assets held for sale</i>	\$ -	\$ 109,568

Note 6. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way.

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The distributions are approximately 4.03% of the market value of each fund per year.

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$69,677 and \$68,879 from the agency endowed funds during the years ended March 31, 2017 and 2016, respectively.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way.

The distributions are approximately 4.2% of the market value of the fund per year. These funds are not included in these financial statements, since all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$4,480 and \$4,429 from the designated funds during the year ended March 31, 2017 and 2016, respectively. The market value of these fund's assets amounted to approximately \$109,000 and \$102,000 as of March 31, 2017 and 2016, respectively.

Note 7. Long-term Debt

<u>Long-term debt at March 31,</u>	<u>2017</u>	<u>2016</u>
4.25% mortgage financed with a local bank. The note is due in monthly installments of principal and interest of \$1,837 through December 2031. The note is collateralized by the United Way's building located in Plymouth, NH.	\$ 239,420	\$ 250,701
Less portion payable within one year	12,190	11,683
<i>Total long-term debt</i>	<u>\$ 227,230</u>	<u>\$ 239,018</u>

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The scheduled maturities of long-term debt at March 31, 2017 were as follows:

<u>Year Ending March 31,</u>		
2018		\$ 12,190
2019		12,718
2020		13,269
2021		13,844
2022		14,444
Thereafter		172,955
<i>Total</i>		<u>\$ 239,420</u>

The mortgage note with Franklin Savings Bank contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

Note 8. Funds Held for Others

The United Way held funds for others for the following projects:

<u>March 31,</u>	<u>2017</u>	<u>2016</u>
Concord Multicultural Project Fund	\$ 17,256	\$ 17,571
Working Bridges Loans	4,642	-
Friendship Bench	3,435	-
Mayor's Prayer Breakfast	2,625	10,472
Get Moving Manchester	1,248	748
Better Together	214	169
<i>Total</i>	<u>\$ 29,420</u>	<u>\$ 28,960</u>

Note 9. Endowment Funds and Net Assets

The United Way adheres to the Other Presentation Matters section of the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205-45).

FASB ASC 958-205-45 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

FASB ASC 958-205-45 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. The United Way's endowment consists of three individual funds established for youth programs, Whole Village and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including those funds designated by the Board of Directors, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the United Way has interpreted UPMIFA as allowing the United Way to appropriate for expenditure or accumulate so much of an endowment fund as the United Way determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

As a result of this interpretation, the United Way classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the United Way in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the United Way, and (7) the investment policies of the United Way.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk.

Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Endowment net asset composition by type of fund as of March 31, 2017 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 45,686	\$ 100,397	\$ 146,083
Board-designated endowment funds	9,792	-	-	9,792
	<u>\$ 9,792</u>	<u>\$ 45,686</u>	<u>\$ 100,397</u>	<u>\$ 155,875</u>

Changes in the endowment net assets as of March 31, 2017 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2016	\$ 9,272	\$ 37,928	\$ 100,397	\$ 147,597
Investment return:				
Investment income	147	2,191	-	2,338
Net appreciation (realized and unrealized)	373	5,567	-	5,940
Total investment return	<u>520</u>	<u>7,758</u>	<u>-</u>	<u>8,278</u>
Endowment net assets, March 31, 2017	<u>\$ 9,792</u>	<u>\$ 45,686</u>	<u>\$ 100,397</u>	<u>\$ 155,875</u>

Endowment net asset composition by type of fund as of March 31, 2016 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 37,928	\$ 100,397	\$ 138,325
Board-designated endowment funds	9,272	-	-	9,272
	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Changes in the endowment net assets as of March 31, 2016 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2015	\$ 9,162	\$ 36,305	\$ 100,397	\$ 145,864
Investment return:				
Investment income	195	2,889	-	3,084
Net depreciation (realized and unrealized)	(85)	(1,266)	-	(1,351)
Total investment return	110	1,623	-	1,733
Endowment net assets, March 31, 2016	\$ 9,272	\$ 37,928	\$ 100,397	\$ 147,597

Income from permanently restricted net assets is available for the following purposes:

March 31,	2017	2016
General operations	\$ 14,930	\$ 14,930
Youth programs	11,467	11,467
General operations of Whole Village	74,000	74,000
<i>Total permanently restricted net assets</i>	<u>\$ 100,397</u>	<u>\$ 100,397</u>

Temporarily restricted net assets consisted of support and other unexpended revenues and represent the following:

March 31,	2017	2016
Contributions receivable related to campaigns	\$ 3,463,393	\$ 3,541,854
Designations payable to other agencies and United Ways	(1,109,265)	(1,080,514)
CDFA contributions receivable and funds for the Bridge House and Whole Village Family Resource Center upgrades	267,822	132,000
Public Health Network services	161,508	99,025
STEAM Ahead	62,109	27,084
Working Bridges	37,215	16,279
Safe Station	24,510	-
Concord Cold Weather Shelter	16,522	31,080

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Other programs	2,980	-
211 Program	-	225,227
Volunteer Income Tax Assistance program	-	15,258
Agency endowed funds at the New Hampshire Charitable Foundation	1,691,022	1,587,401
Portion of perpetual endowment funds subject to time restriction under UPMIFA	45,686	37,928
<i>Total temporarily restricted net assets</i>	<u>\$ 4,663,502</u>	<u>\$ 4,632,622</u>

The United Way was awarded up to \$257,500 in Community Development Investment Program Funds by the Community Development Finance Authority ("CDFA") for upgrades and clean energy improvements to the Bridge House and Whole Village Family Resource Center in Plymouth. During the years ended March 31, 2017 and 2016, the CDFA accepted \$321,875 in donations from area businesses, resulting in net tax proceeds to the United Way of \$257,500 to benefit the project. As of March 31, 2017, the outstanding balance amounted to \$125,500 which is included in contributions receivable at March 31, 2017.

Note 10. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the years ended March 31, 2017 and 2016, the United Way contributed \$77,526 and \$72,511, respectively to employees participating in the plan.

Note 11. Lease Commitments

During the year ended March 31, 2017, the United Way entered into an operating lease agreement for a three year term commencing November 1, 2016 through October 31, 2019 for the office space in Concord, New Hampshire. The lease requires monthly payments of \$3,080 through October 31, 2017. The rent will then be increased by 3% annually on each anniversary date of the lease. Subsequent to year end, the lease was amended with the term ending September 1, 2017.

During the year ended March 31, 2017, the United Way entered into an operating lease agreement for a five year term commencing July 15, 2016 through June 30, 2021 for the office space in Manchester, New Hampshire. The lease requires monthly payments of \$5,566 through June 30, 2017. The rent will then be increased by 3% annually on each anniversary date of the lease.

Total rent expense for these leases amounted to approximately \$63,000 and \$46,000 for the years ended March 31, 2017 and 2016, respectively.

The United Way leases a copy machine under the terms of an operating lease. The monthly lease payment amount is \$170. The lease expense amounted to \$2,036 for both years ended March 31, 2017 and 2016.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The United Way's future minimum lease commitments are as follows:

<u>Year ending March 31</u>	<u>Total</u>
2018	\$ 85,731
2019	71,362
2020	72,454
2021	74,628
2022	18,793
<i>Total</i>	<u>\$ 322,968</u>

Note 12. Commitments

The United Way does not own the land on which their building in Laconia, New Hampshire is located. The United Way is part of a condominium association to which they pay quarterly dues that fund certain maintenance costs. For the years ended March 31, 2017 and 2016, the dues amounted to \$3,325.

In Plymouth, the United Way rents space in a building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from \$125 to \$1,500 per month. For the years ended March 31, 2017 and 2016, the rental income amounted to \$70,003 and \$59,102, respectively. The United Way also provides space at no charge to one tenant in the Plymouth, New Hampshire building for affordable childcare services in support of its mission to provide services, support and resources to develop strong families, confident parents and healthy children.

Note 13. Other Program Services

Other program services included in the accompanying statement of functional expenses include expenses for the following programs:

<u>Year ending March 31,</u>	<u>2017</u>	<u>2016</u>
AmeriCorps Planning Grant	\$ 20,913	\$ -
Bring It Program	25,293	38,636
Carroll County United	10,035	3,672
Concord Cold Weather Shelter	49,558	21,520
Curcuru Community Service Fund	-	1,829
Financial Stability Program	86	1,692
Homeless Service Center expenses	-	6,000
Northern NH direct client services	2,250	16,663
Other program services	14,584	9,997
Service Learning Partnership	45,000	45,000
Whole Village Family Resource Center	115,240	122,728
<i>Total</i>	<u>\$ 282,959</u>	<u>\$ 267,737</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 14. Payment to Affiliated Organizations and Related Party

The United Way paid dues to United Way of Worldwide. The United Way's dues paid to this affiliated organization aggregated \$77,912 and \$67,321 for the years ended March 31, 2017 and 2016, respectively.

Note 15. Reclassifications

Certain reclassifications have been made to the March 31, 2016 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

Note 16. Subsequent Events

The United Way has evaluated subsequent events through August 17, 2017, the date which the financial statements were available to be issued, and have not evaluated subsequent events after that date. Subsequent to year end, one of the United Way's leases was amended as described in Note 11. There were no other subsequent events that would require disclosure in financial statements for the year ended March 31, 2017.

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 MERRIMACK COUNTY REGION
 Year Ended March 31, 2017

	Community Impact Awards
Blueberry Express Day Care	\$ 33,000
Boys and Girls Clubs of Central New Hampshire	25,000
Community Action Program	9,000
Community Bridges	25,000
Concord Coalition to End Homelessness	20,000
Concord Family YMCA:	
Child Development Center	30,000
Kydstop-Camp	10,000
Girls Incorporated of New Hampshire	9,000
Health First Family Care Center	25,000
Merrimack Valley Day Care	90,000
NH Legal Assistance	60,000
NH Pro Bono Referral System	18,000
Penacook Community Center	35,487
Pittsfield Youth Workshop	30,000
Second Start:	
Adult Education	15,000
First Start Children's Center and Second Start Alternative High School	15,000
The Friends Program:	
Emerging Housing	35,000
Foster Grandparents	18,000
The Mayhew Program	12,500
	<hr/>
	\$ 514,987

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTH COUNTRY REGION
Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Boys and Girls Club of the North Country	\$ 10,000
Community Action Program	1,000
Copper Cannon Camp	4,000
Family Resource Center at Gorham	1,500
Grafton County Senior Citizens:	
Aging Services	9,800
RSVP Bone Builders	5,977
Service Link	2,900
NH Legal Assistance	5,000
Northern Human Services	3,000
Tri-County Community Action Program	4,000
	<hr/>
	\$ 47,177
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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
UPPER VALLEY REGION
Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Child and Family Services of New Hampshire:	
Behavioral Health	\$ 12,500
Safe Visitation Program	20,000
Child Care Center in Norwich	5,250
Child Care Resource	2,325
Community Action Program Belknap	1,000
Copper Cannon Camp	1,000
Cover Home Repair	11,000
Dismas of Vermont	6,000
Girls Incorporated of New Hampshire	3,500
Global Campuses Foundation	5,000
Good Beginnings, Inc.	2,149
Good Neighbor Health Clinic/Red Logan Dental Clinic	7,596
Grafton County Senior Citizens Council	6,500
Green Mountain Children's Center	15,000
Hartford Community Restorative Justice Center	9,500
Headrest, Inc.	10,000
HIV/HCV Resource Center	3,500
Maple Leaf Children's Center, Inc.	1,000
Mt. Ascutney Hospital and Health Center	8,000
NH Legal Assistance	2,000
Ohana Family Camp	2,500
Ottauquechee Health Foundation, Inc.	10,500
Safeline, Inc.	7,000
Second Wind Foundation:	
Community Education and Advocacy	5,000
Turning Point Recovery Center	10,000
Willow Grove	9,000
Springfield Family Center	10,000
Southeastern Vermont Community Action	18,000

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
UPPER VALLEY REGION (CONTINUED)
Year Ended March 31, 2017

	Community Impact Awards
The Children's Center of the Upper Valley	\$ 15,000
The Family Place	8,000
The Mayhew Program	4,000
Twin Pines Housing Trust:	
Affordable Housing	17,500
Support and Services at Home	10,000
Upper Valley Haven:	
Community Services Program	12,500
Shelter Services Program	16,000
Upper Valley Trails Alliance	1,750
Valley Court Diversion Program	11,335
Visions for Creative Housing Solutions	3,000
Visiting Nurse Association and Hospice for VT and NH	4,000
West Central Behavioral Health	10,500
Willing Hands - Feeding Hungry Neighbors	10,000
Windham and Windsor Housing Trust	5,392
Windsor County Partners:	
Lunch Program	1,800
Partners Always Lend Support Program	2,232
WISE:	
Crisis Intervention and Support Services	15,000
Emergency Shelter and Housing	5,500
Prevention and Education Program	7,500
Zack's Place Vermont	5,000
	<u>\$ 370,829</u>
	Emerging Opportunity Grants
Headrest, Inc.	\$ 10,000
Springfield Turning Point	7,500
	<u>\$ 17,500</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 SOUTHERN REGION
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Boys and Girls Club of Salem	\$ 28,000
Child and Family Services of New Hampshire	22,662
City Year New Hampshire	45,000
Easter Seals New Hampshire, Inc.	40,000
Girls Incorporated of New Hampshire	20,000
Granite YMCA and Boys and Girls Club of Manchester:	
Youth Engagement Collective Impact	37,500
Power Scholars Summer Collaborative	25,000
Greater Derry Community Health	30,000
International Institute of New Hampshire	15,000
Manchester Community Health Center	40,000
Manchester Community Music School	10,000
Manchester Neighborhood Health Improvement Strategy:	
Building Adult Capacities Collaborative	180,000
Care Coordination and Case Management	170,000
Childhood Resiliency and Care Coordination	55,000
NH Legal Assistance	20,000
Serenity Place:	
Wrap Around Services	20,000
The Mayhew Program	10,000
The Upper Room, A Family Resource Center	20,000
YWCA New Hampshire	40,000
	<u>\$ 828,162</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTHERN REGION
Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Community Action Program Belknap-Merrimack Counties, Inc.	\$ 500
Coos County Coalition Project	2,500
Coos County Family Health Services, Inc.	4,000
Copper Cannon Camp	2,500
Harvest Christian Fellowship:	
Community Café	3,008
Feeding Hope Food Pantry	4,300
Helping Hands North, Inc.	3,000
NH JAG	3,000
NH Legal Assistance	2,500
North Conway Community Center	1,152
Northern Human Services	6,500
Ohana Family Camp	1,500
The Family Resource Center at Gorham	2,500
Tri-County Community Action Program	6,500
	<u>\$ 43,460</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS

CENTRAL REGION

Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Boys and Girls Clubs of Central New Hampshire	\$ 16,520
Circle Program	5,000
Grafton County Senior Citizens Council, Inc.	2,000
Health First Family Care Center	20,000
Laconia Area Community Land Trust	20,000
Lakes Region Child Care Services	40,000
Lakes Region Community Services	20,000
New Beginnings Without Violence and Abuse	5,000
NH JAG	10,000
Salvation Army	10,000
The Mayhew Program	5,000
Voices Against Violence	5,000
	<u>\$ 158,520</u>

GRANITE UNITED WAY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended March 31, 2017

Federal Grantor Pass-through Grantor Program Title	Federal CFDA Number	Federal Expenditures
Regional Public Health Network Services Cluster		
<u>U.S. Department of Health and Human Services</u>		
State of N.H. Department of Health and Human Services - South Central Public Health Network		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	\$ 133,765
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	84,515
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	51,059
Substance Abuse and Mental Health Services	93.243	-
<i>Total State of N.H. Department of Health and Human Services - South Central Public Health Network</i>		<u>269,339</u>
State of N.H. Department of Health and Human Services - Capital Area Public Health Network		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	146,866
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	65,598
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	31,242
Substance Abuse and Mental Health Services	93.243	-
Immunization Cooperative Agreements	93.268	9,485
<i>Total State of N.H. Department of Health and Human Services - Capital Area Public Health Network</i>		<u>253,191</u>
State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	105,514
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	100,471
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	42,325
Substance Abuse and Mental Health Services	93.243	-
Immunization Cooperative Agreements	93.268	8,106
<i>Total State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health</i>		<u>256,416</u>
		<u>778,945</u>
<u>U.S. Internal Revenue Services</u>		
Department of the Treasury		
Volunteer Income Tax Assistance (VITA) Matching Grant Program	21.009	53,932
<u>Corporation for National and Community Service</u>		
AmeriCorps State and National		
AmeriCorps	94.006	20,588
<u>U.S. Department of Health and Human Services</u>		
Office of the Secretary		
Pregnancy Assistance Fund Program	93.500	4,345
		<u>\$ 857,810</u>

The accompanying notes are an integral part of this schedule.

GRANITE UNITED WAY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Note 1. Basis of Presentation

The Schedule of Expenditures of Federal Awards ("the Schedule") includes the federal grant activity of Granite United Way ("the United Way"), under programs of the federal government for the year ended March 31, 2017. The information in this schedule is presented in accordance with the requirements of the Office of Management and Budget (OMB) *Uniform Guidance*. Because the schedule presents only a selected portion of the operations of the United Way, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the United Way.

Note 2. Basis of Accounting

This schedule is prepared on the same basis of accounting as the United Way's financial statements. The United Way uses the accrual basis of accounting. Expenditures represent only the federally funded portions of the program. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Note 3. Program Costs

The amounts shown as current year expenditures represent only the federal grant portion of the program costs. Entire program costs could be more than shown. Such expenditures are recognized following, as applicable, either the cost principles in the OMB Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 4. Major Programs

In accordance with OMB Uniform Guidance, major programs are determined using a risk-based approach. Programs in the accompanying Schedule are determined by the independent auditor to be major programs.

Note 5. Indirect Cost Rate

The United Way has elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance. The United Way did not charge any indirect costs to the federal grants.



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Granite United Way as of and for the year ended March 31, 2017, and the related notes to the financial statements, which collectively comprise Granite United Way's basic financial statements, and have issued our report thereon dated August 17, 2017.

Internal Control over Financial Reporting

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

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

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

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Compliance and Other Matters

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

Purpose of this Report

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

Arthur Wechsler & Company

Concord, New Hampshire
August 17, 2017



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM
GUIDANCE**

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on Compliance for Each Major Federal Program

We have audited Granite United Way's compliance with the types of compliance requirements described in the U.S. *Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of Granite United Way's major federal programs for the year ended March 31, 2017. Granite United Way's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with the requirements of federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Granite United Way's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Granite United Way's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program

In our opinion, Granite United Way complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended March 31, 2017.

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Report on Internal Control over Compliance

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

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified.

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

Nathan Wechsler & Company

Concord, New Hampshire
August 17, 2017

GRANTE UNITED WAY
 SCHEDULE OF FINDINGS AND QUESTIONED COSTS
 (UNIFORM GUIDANCE)
 YEAR ENDED MARCH 31, 2017

Section I: Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: *unmodified*

Internal control over financial reporting:

Are any material weaknesses identified?	___ Yes	___ <u>X</u> No
Are any significant deficiencies identified?	___ Yes	___ <u>X</u> None
Is any noncompliance material to financial statement noted?	___ Yes	___ <u>X</u> No

Federal Awards

Internal control over major federal programs:

Are any material weaknesses identified?	___ Yes	___ <u>X</u> No
Are any significant deficiencies identified?	___ Yes	___ <u>X</u> None
Type of auditor's report issued on compliance for major federal programs:	<i>unmodified</i>	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	___ Yes	___ <u>X</u> No
Identification of major federal programs:		
CFDA Numbers	Name of federal program or cluster	
93.959 - Block Grants for Prevention and Treatment of Substance Abuse		
93.074 - Hospital Preparedness Program and Public Health Emergency Preparedness Aligned Cooperative Agreements		
93.069- Public Health Emergency Preparedness		
93.758 - Preventive Health and Health Services Block Grant		
93.243 - Substance Abuse and Mental Health Services		
93.268 - Immunization Cooperative Agreements		
Dollar threshold used to distinguish between type A and type B programs:	\$750,000	
Auditee qualified as a low-risk auditee?	___ Yes	___ <u>X</u> No

2018 Board of Directors with Terms

BOARD MEMBER	REGION	TERM
John Mercier	Southern	2018 – 2 nd term ends
Sean Owen	Southern	2018 – 2 nd term ends
Gary Shirk	Merrimack County	2018 – 2 nd term ends
Evan Smith	Upper Valley	2018 – 2 nd term ends
Jim Scammon	Merrimack County	2018 – 2 nd term ends
Dean Christon	Southern	2018 – 2 nd term ends
Gordon Ehret	Upper Valley	2018 – 2 nd term ends
Bill Bedor	North Country	2019 – 2 nd term ends
Nannu Nobis	Merrimack County	2019 – 2 nd term ends
Jeff Savage	Merrimack County	2019 – 2 nd term ends
Rod Tenney	Merrimack County	2019 – 2 nd term ends
Jeremy Veilleux	Southern	2019 – 2 nd term ends
Steve Webb	Southern	2019 – 2 nd term ends
Jason Cole	Southern	2020 – 2 nd term ends
Heather Lavoie	Merrimack County	2020 – 2 nd term ends
Anna Thomas	Southern	2020 – 2 nd term ends
Joe Purington	Southern	2018 – 1 st term ends
Michael Delahanty	Southern	2018 – 1 st term ends
Sue Ruka	Central	2018 – 1 st term ends
Marlene Hammond	Merrimack County	2019 – 1 st term ends
Charla Stevens	Southern	2019 – 1 st term ends
Cass Walker	Central	2019 – 1 st term ends
Robert Tourigny	Southern	2019 – 1 st term ends
Rick Wyman	Central	2019 – 1 st term ends
Sally Kraft	Upper valley	2020 – 1 st term ends
Joe Carelli	Southern	2020 – 1 st term ends
Paul Falvey	Central	2020 – 1 st term ends
Paul Mertzic	Southern	2020 – 1 st term ends
Charlie Head	Merrimack County	2020 – 1 st term ends
Larry Major	Central	2020 – 1 st term ends
Kathy Bizarro-Thunberg	Merrimack County	2020 – 1 st term ends
Lori Langlois	Northern	2020 – 1 st term ends
Tony Speller	Southern	2020 – 1 st term ends
Joe Kenney	Merrimacy Coutny	2021 – 1 st term ends

5/15/2018




SHANNON SWETT BRESAW, MSW

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts - Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE

2007 - Present

Granite United Way

Concord, NH

Vice President of Public Health

Accomplishments:

- Provides contract management and oversight to 3 out of the 13 Regional Public Health Networks in NH, including the Capital Area Public Health Network, the Carroll County Coalition for Public Health and the South Central Public Health Network
- Oversees scopes of work in Substance Misuse Prevention, Continuum Of Care for Substance Use Disorders development, Public Health Emergency Preparedness, Public Health Advisory Council development, and School-Based Influenza Clinics
- Provides direction and leadership towards achievement of each Network's philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, and community/public relations
- Coordinates all aspects of federal, state, and local grants and contracts, including resource development/grant-writing, financial oversight, progress reports, work plan goals/objectives
- Oversees the Strategic Prevention Framework process (assessment, capacity building, planning, implementation, evaluation, cultural competency, and sustainability) for regional public health and prevention efforts
- Develops community health improvement plans, evaluation plans, and other data-driven, research-informed strategic plans for the Networks
- Works with community impact committees and volunteers through Granite United Way to align funding streams to support collective impact initiatives
- Provides technical assistance and support to community stakeholders in the areas of grant writing, evaluation, community organizing, research/best practices, substance misuse prevention, and coalition development
- Supervises full and part-time staff

2005 – 2007

Community Response (CoRe) Coalition

Belknap County, NH

Outreach Coordinator, Project Director

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005

Caring Community Network of the Twin Rivers (CCNTR)

Franklin, NH

Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

Prevention Task Force of the Governor's Commission (Co-Chair): 2017 - Current

NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016 – Current

NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-Current

NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015

NH Prevention Certification Board's Peer Review Committee: 2009-2011

Professional Profile

- Coalition Building
- Plan Development
- Resource Coordination
- Logistics
- Time management
- Budgeting
- Volunteer Management
- Grant/Proposal Writing
- Organization
- Leadership

Professional Accomplishments

Public Health

- Provide direction and leadership towards achievement of the Public Health Regions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations

Regional Resource Coordination

- Collected and disseminated data on available resources critical for response to public health emergency.
- Developed working relationship with stakeholders in Public Health Region.

Public Health Coalition

- Regional Public Health Emergency Response Annex development
- Resource Coordination and Development
- Healthcare Coalition Building
- Regional Partner Development
- Clinic Operation Development
- Medical reserve Corps Volunteer Management and Training
- Policy Development
- Team Building

Captain of Operations

- Developed staff and operational procedures for full time staff
- Oversee Training Program
- Facilitate QA/QI
- Facilitated and maintained data entry system and procedures for all of Fire departments operations and patient tracking
- Created Personnel Manual and operational guidelines
- Secured grant funding
- Volunteer Management

Work History

Senior Director of Public Health	Granite United Way	2016 -present
Public Health Region Emergency Preparedness Director	Capital Area Public Health Network / GUW Concord NH	2013 - 2016
Executive Director	Carroll County Coalition for Public Health, Ossipee NH	2011 - 2013
Public Health Region Coordinator	Carroll County Coalition for Public Health,	2011 - 2013

	Ossipee NH	
Preparedness Planner	Capital Area Public Health Network/Concord Hospital, Concord NH	2009 - 2011
Regional Resource Coordinator	New England Center for Emergency Preparedness/ Dartmouth College, Lebanon NH	2009
Captain/Supervisor of Operations	Barnstead Fire Rescue, Barnstead NH	2001-2010

Certifications

- FEMA 29, 100, 120.a, 130, 200, 244, 250, 250.7, 300, 546.12, 547a, 700, 701, 702a, 704, 800.B, 806, 808
- Department of Homeland Security Exercise and Evaluation Program (HSEEP)
- CDC SNS/ Mass Dispensing Course, Atlanta GA
- ICS, WebEOC, SNS 101
- DHHS Inventory Management System Training
- Institute for Local Public Health Practices
- Manchester Public Health Department
 - Local Public Health emergency Preparedness and Response
 - Principles of Environmental Health
 - Applied Communicable Disease Investigation, Control, and Microbiology
 - Principles of Epidemiology
 - Core Public Health Concepts
- HAZMAT Awareness and Operations
- CPR, Blood borne Pathogens
- EMS Field Training Officer
- Fire Fighter C2F2
- CDL B
- Amateur Radio Operator – General Class
- STEP program instructor, Are You Ready instructor
- Local Government Leadership Institute
- Local Government Center - Antioch New England Institute
 - Leadership in the 21st Century
 - Principles of Employment Law
 - Understanding our Diverse Workforce and Community
 - Stepping Up To Supervisor
 - Resolving Conflict Creatively
 - Managing the Multi-Generational Workforce
 - Is Time Managing You or Are You Managing It
 - Ethics
 - Municipal Budget & Finance
 - Performance Evaluation, and Beyond
 - How to Hire Smart
 - Bringing it All Together

Rachel M. O'Neil

Summary

A background in resource development and community collaboration has been instrumental in learning how communities can best improve their overall culture of health.

Experience

Director of Development & Public Health
Granite United Way, Concord NH

June 2016 - Present

Continuing the role of fundraising in Merrimack County (shown below) with an added role within the Capital Area Public Health Network. Working to implement strategies from the Community Health Improvement Plan created by the Network in 2013. Assisting a variety of community coalitions and workforces to ensure we are addressing the priority areas outlined in the improvement plan. Facilitating the Public Health Advisory Council Executive Committee meetings to see what we should be focusing on while also working through what current issues arise within the community.

Director of Resource Development
Granite United Way, Concord NH

May 2015 – June 2016

Managed 55 workplace campaigns and was responsible for fundraising within Merrimack County. Administered the 2016 State Employees Charitable Campaign that raised \$350K. Oversaw planning and organization of the Run United 5k.

Student Internship
Schenectady County Public Health Services, Schenectady NY

September 2014 – May 2015

Worked on a comprehensive cancer grant to decrease cancer rates in the community. Aided the Schenectady Asthma Support Collaborative and wrote their interim grant report as well as assisted in gaining Institutional Review Board (IRB) approval.

Research Assistant/ Intern
University at Albany SPH, Rensselaer NY

January 2014 - August 2014

Evaluated New York State Breastfeeding laws for a Robert Wood Johnson Foundation grant. Coordinated and administered interviews to hospital staff and analyzed qualitative data using Nvivo 8 software.

Education

MPH, Social Behavior and Community Health
School of Public Health, University at Albany, Albany, NY

May 2015

BS, Community Health
State University of New York (SUNY) Potsdam, Potsdam, NY

May 2013

Awards/Honors

Outstanding Community Health Student, SUNY Potsdam - Potsdam, NY
Eta Sigma Gamma (Community Health Honor Society) - Potsdam, NY
Community Health Internship Scholarship, SUNY Potsdam- Potsdam, NY

2013
2012
2012

CATALINA C. KIRSCH, M. Ed.

<https://www.linkedin.com/in/catalinaconchakirsch>

<https://www.facebook.com/catconchakirsch>

<https://twitter.com/catconchakirsch>

Education

M. Ed., Counseling with NH Certification in School Guidance (K-12)

Plymouth State College, Plymouth, NH, May 1998 [REDACTED] valid through June 2017.

BS, Psychology

St. Joseph's University, Philadelphia, PA, May 1989

Experience

March, 2017 – present; Continuum of Care Facilitator, Carroll County Coalition for Public Health, Granite United Way

- Convene key stakeholders to address gaps and barriers in the Substance Use Disorder (SUD) Continuum of Care which include prevention, intervention, treatment and recovery supports. Work with providers, the business sector, emergency services staff, government officials, judicial system and educators to promote awareness, access, collaboration and capacity of SUD services and create an efficient integration of these services across the continuum. Ensure a comprehensive, effective integration of services to address all areas of the SUD continuum of care that reflects evidence based practices and programs that are sustainable, flexible and available. approach to care.

May, 2015 – present; Research Assistant, University of NH, Conway, NH

- Part time. Outreach & recruitment of participating schools, programs. Teacher training, curriculum support. Student and teacher survey administration. Data collection and analysis for a study of rural science education and engagement. Temporary position.

August, 2014- June, 2015 SPANISH TEACHER, Kennett High School, North Conway, NH

- Part time High School Spanish Teacher. Bilingual language skills, Spanish & English. Teaching, Parent communication.

January, 2013 – June, 2014 ADMINISTRATIVE DIRECTOR, Bearcamp Valley School & Children's Center, Tamworth, NH

- All executive functions to operate a private, non-profit preschool and child care center together with a Board of Directors; management of \$250K budget, finance, legal & state child care licensing compliance, human resources, marketing, outreach, enrollment & retention, curriculum, building maintenance, public water compliance, school food program, community partnership and fundraising 50% operating expenses yearly. Connecting parents to child care and other vital services.

August, 2008 – December, 2012 PROGRAM DIRECTOR, Madison Mustang Academy, Madison School District, Madison, NH

- Direct federally funded 21st Century Community Learning Center before and after-school enrichment program; create community partnerships; supervision of staff; fundraising; program advocacy for sustainability; Manage up to 20 staff and \$125K Federal Grant annually. Raised up to \$30K annually for program. Connecting parents to afterschool care and enrichment for children.

January, 2007 – August, 2008 BUSINESS OUTREACH COORDINATOR, Independent Contractor;

The Employer Prepaid Program, White Mountain Community Health Center, Conway, NH; Part time

- Public Health. Manage grant fund designed to connect small business employers with health services at White Mountain Community Health Center. Sales and marketing of the Employer Prepaid Program. PT temporary position.

March 2004 – December, 2007 PROJECT COORDINATOR, Independent Contractor;

The Umbrella Project, White Mountain Community Health Center, Conway, NH

- Public Health. Design & coordinate an outreach and application assistance program to reduce the number of uninsured children in Carroll County, NH. A three-year \$60K annual grant-funded initiative through the HNH foundation, Concord, NH. Program design, staff supervision, and reporting. Extensive outreach across Carroll County. Connecting parents in need with children's health insurance program and other local services.

February, 2003 – July, 2003 WEB SITE DESIGN, Independent Contractor ; Picturesque, Conway, NH

- Assisted with web site design & development special focus on the local hospitality industry.

August, 1996 – June, 2002 ELEMENTARY SCHOOL GUIDANCE COUNSELOR;

Madison School District, Madison, NH

- Implemented comprehensive approach to guidance services grades K-6 with components of guidance curriculum (classroom lessons), responsive services (crisis intervention), individual planning (educational, career, personal/social) and systems support (staff/ parental/ community support services). Professional Development Advisor for faculty/staff (5 years). Parent Education. Afterschool Program Grant. Participation in Carroll County service provider networking and coalition work.

July, 1992 - August, 1996 PATIENT/ COMMUNITY EDUCATOR; Family Planning and Prenatal

Program, Community Action Program, Belknap-Merrimack Counties, Inc., Laconia, NH

- Public Health. Management of teen clinic; Coordination of a peer education program; Patient education and counseling; Pre- and post-test HIV counseling; Community education program , focus on adolescent reproductive health.

December, 1990 - May, 1992 PHILADELPHIA COMMUNITY EDUCATOR;

Planned Parenthood of SE Pennsylvania, Philadelphia, PA

- Public Health. Designed, implemented & evaluated community sexuality education programs for adolescents & adults
- Maintained detailed records of program designs, community contacts, and statistics.

August, 1989 - October, 1990 ADOLESCENT AIDS EDUCATOR; Project A.P.P.E.A.L. (AIDS

Prevention Project Educating Adolescent Latinos), Congreso De Latinos Unidos, Inc., Philadelphia, PA

- Public Health. AIDS prevention workshops for adolescents in Philadelphia's Latino communities. Recruitment, training & facilitation, peer education program.

TRAINING

Completed FEMA Training, IS-100.B: Introduction to Incident Command System, ICS-100 Completed CPI Training, Non Violent Crisis Intervention, 2012

RELEVANT SKILLS, KNOWLEDGE

Carroll County coalition building and leadership; Community Outreach; Connection to Carroll County area human services network, law enforcement, traditional and alternative medical providers, public and private schools K-12 ; Marketing and Social Media; Public speaking; Leading meetings/trainings in person or remotely. Advocacy for families and children in need.

ORGANIZATIONS

October 18, 2007, Citizen Award: New Hampshire Children's Trust Fund, for New Hampshire citizens who have improved the lives of children and families, awarded to MWV Children's Museum Founding Board of Directors.

June 14, 2007, Emerging Leaders Project: Participated by invitation in the Emerging Leaders Project, conducted in partnership by the Carsey Institute of UNH, Durham, NH, and the Gorham Family Resource Center, Gorham, NH, with support from The Endowment for Health, Concord, NH.

2016- Present

KENNETT HIGH SCHOOL

North Conway, NH - Chair, Project Graduation 2017
Lead fundraising efforts to raise \$30,000 for graduation event.

2016- Present

KENNETT MIDDLE SCHOOL

Conway, NH - 8th Grade Philadelphia Trip
Fundraising to help 8th grade go to Philadelphia in Spring 2017

2016 - Present

acidoticRACING, LLC

Strafford, NH - Member, Volunteer Race Director
-Thanksgiving 5K (2016-present)

1998 - Present

WHITE MOUNTAIN MILERS,

North Conway, NH - Member, Events Volunteer; Race Director -Thanksgiving 5K (2008-2015))

November, 2009 - December, 2014

**UNIVERSITY OF NH, COOPERATIVE EXTENSION,
CARROLL COUNTY**

Conway, NH - Chair, 2013-2014, Member, Carroll County Advisory Board

July, 2009 - December, 2012

**NH 21ST CENTURY COMMUNITY LEARNING
CENTERS, Concord, NH - Member, Director's Group**

August, 2008 - December, 2012

MADISON PARENT-TEACHER ORGANIZATION

Treasurer, 2008-2011

November, 2009 - June, 2010

CARROLL COUNTY UNITED

Tamworth, NH - Community Partner, Member, Early Childhood Readiness Workgroup

2004 - 2009

MADISON RECREATION DEPARTMENT

Madison, NH - Volunteer Soccer Coach, 2004-2008
Substitute Recreation Director, August, 2009

April, 2005 - November, 2008

**MOUNT WASHINGTON VALLEY CHILDREN'S
MUSEUM**

Intervale, NH - Vice President (Nov 2007 - Nov 2008),
Founding Board of Directors
Past Volunteer Committee Chair

Sept, 2004 - August, 2008

FRIENDS OF FAMILIES COALITION

Center Ossipee, NH - Served as President, Secretary &
Volunteer. Led meetings, events at TCCAP, Tamworth

September, 2002 - June, 2004; September, 2007 - June, 2008

MADISON PRESCHOOL

Madison, NH - Board of Directors ('07-'08), Vice-President ('03-'04)

2006 - 2008

MADISON MUSTANG ACADEMY

Madison, NH - After-School Program Leader - Spanish instruction

September, 2005 - June, 2007

WHITE MOUNTAIN WALDORF SCHOOL

Madison, NH - Member, Parent Association;
Class Parent Advisor; March, 2006 - June, 2007

1998 - 2001

CHILDREN'S HEALTH CENTER

North Conway, NH - Member, Board of Directors

References available upon request.

Elizabeth Duffy

Experience

September 2017- Present

Center for Life Management, Derry, NH - *Continuum of Care Facilitator & Community Outreach Coordinator*

- Conduct a minimum of 6 community engagement events to provide information about Network4Health and obtain community input on experience with the integrated care model.
- Coordinate the development and maintenance of the N4H website
- Coordinate the development of the N4H YouTube channel and assist in producing segments that describe elements of N4H
- Provide an annual update to the community "Assets and Gaps" inventory
- Work cooperatively with N4H data efforts with a long term goal of creating a data dashboard
- Assists N4H in assuring that the network is involved in efforts to address the "Opioid Crisis"
- Strengthen partnerships through collaborative and educational events, meetings, and other networking opportunities.
- Facilitate work groups to help identify gaps in resources to address substance use prevention, intervention, treatment, and recovery
- This position works with the South Central NH Public Health Network and surrounding communities to address the substance use issues within the regional Community Health Improvement plan
- Work with BDAS and its technical assistance resources to ensure that all partners have access to information, training, and/or technical assistance necessary for the understanding and participation in continuum of care development discussions and planning
- Create/update resource guide for South Central NH to include resources for prevention, intervention, treatment, and recovery
- Work with Integrated Delivery Network on the Dual Diagnosis Capability subcommittee as well as attended Integrate Delivery Network All Partners Meetings
- Work with the Governor's Commission Joint Military Task-force

June 2016- April 2017

LUK Crisis Center, Fitchburg, MA - *Substance Abuse Prevention Collaborative West Coordinator*

- Coordinate policy initiatives, enforcement, and grant requirements.
- Develop and maintain strong community involvement to support program needs and awareness

- Ensure implementation of the culturally appropriate services and promote the use of evidence-based strategies
- Share and disseminate information using health communications and social marketing principles.
- Develop and maintain data surveillance and reporting as required.
- Enlisted the support of volunteers and collaborated with businesses and community groups
- Ensure compliance with funder and any licensing requirements.
- Creates programs for underage drinking prevention based off the SPF Model

November 2015- June 2016

Montachusett Opportunity Council, Fitchburg, MA - Program Assistant- Elder's Nutrition

- Assists with other programs regarding Fun N'FITchburg matters and Mass in Motion matters
- Develops and maintains a schedule of the volunteers for the program as well as searching for potential volunteers
- Assists in job interview processes for new candidates
- Supports and provides incentives for Safe Routes to Schools
- Visits meal sites to work on process improvement
- Creates and presents of nutrition educations at meal sites

Education

Graduated 2016

Concordia University, Seward, NE - Masters of Public Health: Concentration Community Education

Graduated 2014

University of New Haven, West Haven, CT - Bachelor's of Science in Nutrition and Dietetics

Certifications/ Memberships

CPR/First Aid Certification: Expires July 2018

Community Health Education Specialist: Expires May 2022

Phi Sigma Sigma - Lifetime member

Languages

Spanish: Conversational

French: Beginner

Portuguese: Beginner

Granite United Way – Capital Area

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Shannon Bresaw	Vice President of Public Health	\$77,250	0%	\$0
Mary Reed	Senior Director of Public Health	\$70,040	0%	\$0
Rachel O'Neil Maxwell	Director of Public Health	\$51,500	2%	\$1,000
TBD	Continuum of Care Facilitator	TBD	100%	TBD



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

VENDOR NAME	REGION SERVED	SFY 2018	SFY 2019	TOTAL
City of Nashua	Nashua	403,322	394,322	797,644
County of Cheshire	Cheshire	290,387	290,387	580,774
Goodwin Community Health	Strafford	393,815	393,815	787,630
Granite United Way	Capital	394,453	394,453	788,906
Granite United Way	Carroll	385,649	385,649	771,298
Granite United Way	South Central	372,807	384,432	757,239
Lamprey Health Care	Seacoast	376,583	377,151	753,734
Lakes Region Partnership for Public Hlth	Winnepesaukee	388,512	388,512	777,024
Manchester Health Dept.	Manchester	583,872	583,872	1,167,744
Mary Hitchcock Mem Hsp	Sullivan	379,040	376,499	755,539
Mary Hitchcock Mem Hsp	Upper Valley	383,388	377,629	761,017
Mid-State Health Center	Central	385,391	385,391	770,782
North Country Health Consortium	North Country	473,269	473,269	946,538
		\$5,210,488	\$5,205,381	\$10,415,869

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

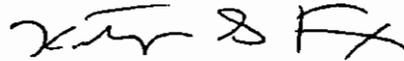
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

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

Respectfully submitted,

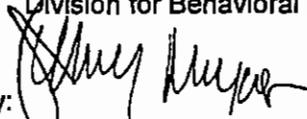


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
			Sub Total 2019	158,649
			Sub-Total	317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
			Sub Total 2019	158,649
			Sub-Total	317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
			Sub Total 2019	158,649
			Sub-Total	317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
			Sub Total 2018	158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
			Sub Total 2019	158,514
			Sub-Total	317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
			Sub Total 2019	158,649
			Sub-Total	317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
			Sub Total 2019	158,649
			Sub-Total	317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
			Sub Total 2019	158,649
			Sub-Total	317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
			Sub Total 2019	158,649
			Sub-Total	317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
			Sub Total 2019	158,649
			Sub-Total	317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
			Sub Total 2019	158,649
			Sub-Total	317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



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

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

Regional Public Health Network
Services

RFP Name

RFP-2018-DPHS-01-REGION

RFP Number

Bidder Name (PHEP)

1.	City of Nashua
2.	Manchester Health Dept
3.	0
4.	0
5.	0
6.	0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

Reviewer Names

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-04

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite United Way (Capital Region)		1.4 Contractor Address 46 S. Main Street Concord, NH 03301	
1.5 Contractor Phone Number 603-224-2595 ext 228	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$788,906
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Patrick Tufts</i>		1.12 Name and Title of Contractor Signatory <i>Patrick Tufts President & CEO</i>	
1.13 Acknowledgement: State of <i>New Hampshire</i> , County of <i>Merrimack</i> On <i>May 10, 2017</i> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>Shelley Lyn Ryan</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Shelley Lyn Ryan, Notary Public</i>			
1.14 State Agency Signature <i>Lisa Morris</i> Date: <i>5/23/17</i>		Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <i>W.A. Co</i> On: <i>6/5/17</i>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
 - 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
 - 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
 - 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.



Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures



Exhibit A

5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

- 1) Number of individuals served or reached
- 2) Demographics
- 3) Strategies and activities per IOM by the six (6) activity types.
- 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.

5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

5.1.5.1. Submit updated regional assets and gaps assessments as indicated.

5.1.5.2. Submit updated regional CoC development plans as indicated.

5.1.5.3. Submit quarterly reports as indicated.

5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.

5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:

- a) Number of individuals served
- b) Demographics of individuals served
- c) Types of strategies or interventions implemented
- d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions

5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

5.1.7.1. Attend Summer Start up meeting with NHIP staff.

5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.



Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,



Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.



Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

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



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



Exhibit B

2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 21,146.00	\$ 1,057.30	\$ 22,203.30
2. Employee Benefits	\$ 5,883.00	\$ 294.15	\$ 6,177.15
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 252.00	\$ 13.00	\$ 265.00
6. Travel	\$ 655.00	\$ 32.80	\$ 687.80
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 385.00	\$ 19.25	\$ 404.25
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ 12.50	\$ 262.50
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 28,571.00	\$ 1,429.00	\$ 30,000.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: *PH*

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 21,146.00	\$ 1,057.30	\$ 22,203.30
2. Employee Benefits	\$ 5,883.00	\$ 294.15	\$ 6,177.15
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 252.00	\$ 13.00	\$ 265.00
6. Travel	\$ 655.00	\$ 32.80	\$ 687.80
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 385.00	\$ 19.25	\$ 404.25
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ 12.50	\$ 262.50
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 28,571.00	\$ 1,429.00	\$ 30,000.00

Indirect As A Percent of Direct

5.0%

\$ -

Contractor Initials: JK

Date: 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 62,644.00	\$ 3,132.00	\$ 65,776.00
2. Employee Benefits	\$ 13,214.00	\$ 660.75	\$ 13,874.75
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 822.00	\$ 41.00	\$ 863.00
6. Travel	\$ 2,265.00	\$ 113.25	\$ 2,378.25
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,450.00	\$ 72.00	\$ 1,522.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ 12.50	\$ 262.50
11. Staff Education and Training	\$ 250.00	\$ 12.50	\$ 262.50
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 80,895.00	\$ 4,044.00	\$ 84,939.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 62,644.00	\$ 3,132.00	\$ 65,776.00
2. Employee Benefits	\$ 13,214.00	\$ 660.75	\$ 13,874.75
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 822.00	\$ 41.00	\$ 863.00
6. Travel	\$ 2,265.00	\$ 113.25	\$ 2,378.25
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,450.00	\$ 72.00	\$ 1,522.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ 12.50	\$ 262.50
11. Staff Education and Training	\$ 250.00	\$ 12.50	\$ 262.50
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 80,895.00	\$ 4,044.00	\$ 84,939.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 49,288.00	\$ 2,464.50	\$ 51,752.50
2. Employee Benefits	\$ 14,368.00	\$ 718.50	\$ 15,086.50
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,187.00	\$ 59.70	\$ 1,246.70
6. Travel	\$ 3,735.55	\$ 186.75	\$ 3,922.30
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,920.00	\$ 196.00	\$ 4,116.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ 50.00	\$ 1,050.00
11. Staff Education and Training	\$ 800.00	\$ 40.00	\$ 840.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 74,298.55	\$ 3,715.45	\$ 78,014.00

Indirect As A Percent of Direct

5.0%

\$

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 49,288.00	\$ 2,464.50	\$ 51,752.50
2. Employee Benefits	\$ 14,368.00	\$ 718.50	\$ 15,086.50
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,187.00	\$ 59.70	\$ 1,246.70
6. Travel	\$ 3,735.55	\$ 186.75	\$ 3,922.30
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,920.00	\$ 196.00	\$ 4,116.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ 50.00	\$ 1,050.00
11. Staff Education and Training	\$ 800.00	\$ 40.00	\$ 840.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 74,298.55	\$ 3,715.45	\$ 78,014.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

DT

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Budget Request for: Regional Public Health Network Services - CoC
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 78,000.00	\$ 2,500.00	\$ 80,500.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 78,000.00	\$ 2,500.00	\$ 80,500.00

Indirect As A Percent of Direct

3.2%

Contractor Initials:

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 78,000.00	\$ 2,500.00	\$ 80,500.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 78,000.00	\$ 2,500.00	\$ 80,500.00

Indirect As A Percent of Direct

3.2%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 4,947.00	\$ 248.50	\$ 5,195.50
2. Employee Benefits	\$ 1,333.00	\$ 66.75	\$ 1,399.75
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$ 195.00	\$ 9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,475.00	\$ 1,525.00	\$ 20,000.00

Indirect As A Percent of Direct

8.3%

Contractor Initials: _____

Page 1 of 1

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 4,947.00	\$ 248.50	\$ 5,195.50
2. Employee Benefits	\$ 1,333.00	\$ 66.75	\$ 1,399.75
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$ 195.00	\$ 9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,475.00	\$ 1,525.00	\$ 20,000.00

Indirect As A Percent of Direct

8.3%

Contractor Initials: _____

YAL

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 9,999.00	\$ 500.00	\$ 10,499.00
2. Employee Benefits	\$ 2,859.00	\$ 143.00	\$ 3,002.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 600.00	\$ 30.00	\$ 630.00
6. Travel	\$ 1,000.00	\$ 50.00	\$ 1,050.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,256.00	\$ 63.00	\$ 1,319.00
11. Staff Education and Training	\$ 1,000.00	\$ 50.00	\$ 1,050.00
12. Subcontracts/Agreements	\$ 69,950.00	\$ 2,500.00	\$ 72,450.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 86,664.00	\$ 3,336.00	\$ 90,000.00

Indirect As A Percent of Direct

3.8%

Contractor Initials: _____

Date: _____

PS
5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 9,999.00	\$ 500.00	\$ 10,499.00
2. Employee Benefits	\$ 2,859.00	\$ 143.00	\$ 3,002.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 600.00	\$ 30.00	\$ 630.00
6. Travel	\$ 1,000.00	\$ 50.00	\$ 1,050.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,256.00	\$ 63.00	\$ 1,319.00
11. Staff Education and Training	\$ 1,000.00	\$ 50.00	\$ 1,050.00
12. Subcontracts/Agreements	\$ 69,950.00	\$ 2,500.00	\$ 72,450.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 86,664.00	\$ 3,336.00	\$ 90,000.00

Indirect As A Percent of Direct

3.8%

Contractor Initials: _____

Date: _____

[Handwritten Signature]
5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 4,947.00	\$ 252.00	\$ 5,199.00
2. Employee Benefits	\$ 1,333.00	\$ 66.75	\$ 1,399.75
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 350.75	\$ 18.00	\$ 368.75
6. Travel	\$ 600.00	\$ 30.00	\$ 630.00
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 165.00	\$ 9.00	\$ 174.00
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 2,935.00	\$ 293.50	\$ 3,228.50
13. Other (specific details mandatory):	\$ -		\$ -
	\$ -		\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 10,330.75	\$ 669.25	\$ 11,000.00

Indirect As A Percent of Direct

6.5%

Contractor Initials: _____

PI

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 4,947.00	\$ 252.00	\$ 5,199.00
2. Employee Benefits	\$ 1,333.00	\$ 66.75	\$ 1,399.75
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 350.75	\$ 18.00	\$ 368.75
6. Travel	\$ 600.00	\$ 30.00	\$ 630.00
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 165.00	\$ 9.00	\$ 174.00
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 2,935.00	\$ 293.50	\$ 3,228.50
13. Other (specific details mandatory):	\$ -		\$ -
	\$ -		\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 10,330.75	\$ 669.25	\$ 11,000.00

Indirect As A Percent of Direct

6.5%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17



SPECIAL PROVISIONS

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

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



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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

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

4. **CONDITIONAL NATURE OF AGREEMENT.**

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

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

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

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

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

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

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

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Contractor Name: Granite United Way

5-10-17
Date

Patrick Tully
Name: PATRICK TULLY
Title: President



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date

Name: *Patrick Turris*
Title: *President*



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

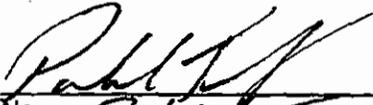
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 -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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick Tufts*
Title: *President*

Contractor Initials 
Date 5-10-17



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

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

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

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

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

Exhibit G

Contractor Initials

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


5-10-17

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick Turpe*
Title: *President*

Exhibit G

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

Contractor Initials

PT

Date

5-10-17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Granite United Way

5-10-17
Date


Name: Patrick Turley
Title: President



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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

JS

3-10-17



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Granite United Way
Name of the Contractor

Paul T. A.
Signature of Authorized Representative

Patrick T. A.
Name of Authorized Representative

President
Title of Authorized Representative

5-10-17
Date



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

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

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

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

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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick E. Tufts*
Title: *President*



FORM A

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

1. The DUNS number for your entity is: 156484990000

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

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Granite United Way (Carroll County Region) (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 46 S Main Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$690,770.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
5. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

6. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
7. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
8. Add Exhibit K, DHHS Information Security Requirements.

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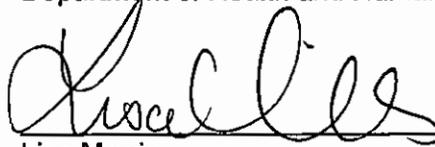
New Hampshire Department of Health and Human Services
Regional Public Health Network Services

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

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

State of New Hampshire
Department of Health and Human Services

6/1/18
Date



Lisa Morris
Director

Granite United Way (Carol County Region)

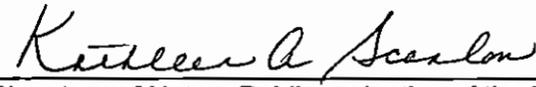
5/30/2018
Date



Name: Patrick Tofts
Title: President & CEO

Acknowledgement of Contractor's signature:

State of New Hampshire county of Hillsborough on May 30, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.



Signature of Notary Public or Justice of the Peace

Notary Public Executive Assistant & Office Manager
Name and Title of Notary or Justice of the Peace

My Commission Expires: June 24, 2020



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



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

OFFICE OF THE ATTORNEY GENERAL

6/5/18
Date

J Husack
Name: LynCusack
Title: Sr Ass't AG

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.

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5/30/2018



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.

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5/30/2018



Exhibit A-1

- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

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5/30/2018

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: CoC

Budget Period: SFY 2019

Line/Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$26,364.00	\$1,318.00	\$27,682.00	
2. Employee Benefits	\$7,292.00	\$365.00	\$7,657.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$0.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$750.00	\$38.00	\$788.00	
6. Travel	\$1,028.00	\$52.00	\$1,080.00	
7. Occupancy	\$1,109.00	\$55.00	\$1,164.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$1,055.00	\$50.00	\$1,105.00	
9. Software			\$0.00	
10. Marketing/Communications	\$350.00	\$18.00	\$368.00	
11. Staff Education and Training	\$400.00	\$20.00	\$420.00	
12. Subcontracts/Agreements			\$ -	
13. Other (specific details mandatory):			\$ -	
			\$0.00	
			\$ -	
			\$ -	
TOTAL	\$38,348.00	\$1,916.00	\$40,264.00	

Indirect As A Percent of Direct

5.0%

RFP-2018-DPHS-01-REGION-05

Contractor Initials: PS

Page 1 of 1

Date: 5/30/2018



Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



Exhibit K

DHHS Information Security Requirements

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a



Exhibit K

DHHS Information Security Requirements

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



Exhibit K

DHHS Information Security Requirements

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

[Signature]
5/30/2018



Exhibit K

DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).



Exhibit K

DHHS Information Security Requirements

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



Exhibit K

DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.



Exhibit K

DHHS Information Security Requirements

- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

State of New Hampshire

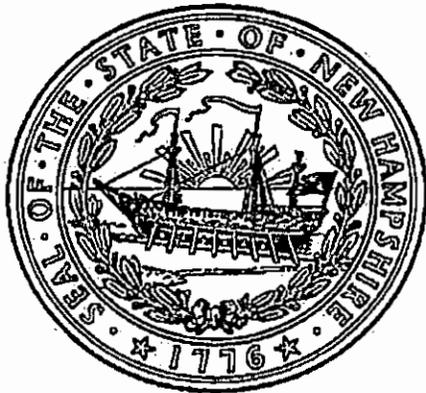
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. 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: 65650

Certificate Number : 0004094335



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2018.

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

William M. Gardner

Secretary of State

CERTIFICATE OF VOTE

I, Sean Owen, do hereby certify that:

1. I am a duly elected Board Chair of Granite United Way, Inc., a New Hampshire voluntary corporation; and
2. The following are true copies of two resolutions duly adopted at a meeting of the Executive Committee of the Board of Directors of the corporation, duly held on October 8, 2015;

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the President & CEO is hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Patrick Tufts is the duly elected President & CEO of the corporation.

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of the 30th day of May, 2018.

IN WITNESS WHEREOF, I have hereunto set my name as Board Chair of the Corporation hereto, affixed this 30th day of May, 2018.

Sean Owen
Signature of Elected Officer

STATE OF NEW HAMPSHIRE
County of Hillsborough

The forgoing instrument was acknowledged before me this 30th day of May, 2018.

By: Sean Owen

Kathleen A. Scanlon
(Notary Public)

Commission Expires:

June 24, 2020





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/16/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Sarah Fifield PHONE (A/C No. Ext): (603) 224-2562 E-MAIL ADDRESS: sfifield@rowleyagency.com	FAX (A/C No.): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED Granite United Way 22 Concord Street Floor 2 Manchester NH 03101	INSURER A: Hanover Ins - Bedford	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 18-19 All Lines	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ZHV900337107	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ 1,000,000								
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		ZHV900337107	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	ZHV9003210-07	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	ZHV9996802-07	1/1/2018	1/1/2019	<table border="1"> <tr> <td>PER STATUTE</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
PER STATUTE	OTHER													
E.L. EACH ACCIDENT	\$ 500,000													
E.L. DISEASE - EA EMPLOYEE	\$ 500,000													
E.L. DISEASE - POLICY LIMIT	\$ 500,000													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER State of NH, DHHS 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Sarah Fifield/MAP <i>Sarah Fifield</i>
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Granite United Way Mission

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way Vision

Granite United Way's vision is to be the preferred way people work together to build a community that values its collective responsibility to care for each other.

GRANITE UNITED WAY

FINANCIAL REPORT

MARCH 31, 2017

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on the Financial Statements

We have audited the accompanying financial statements of Granite United Way, which comprise the statement of financial position as of March 31, 2017, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of March 31, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 17, 2017 on our consideration of Granite United Way's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Granite United Way's internal control over financial reporting and compliance.

Other Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited the Granite United Way March 31, 2016 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated August 25, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended March 31, 2016 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Nathan Wechsler & Company

Concord, New Hampshire
August 17, 2017

GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION
 March 31, 2017 with comparative totals as of March 31, 2016

ASSETS	2017				2016
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
CURRENT ASSETS					
Cash	\$ 449,632	\$ 277,968	\$ -	\$ 727,600	\$ 926,116
Prepaid and reimbursable expenses	53,027	-	-	53,027	38,245
Investments	465,149	-	-	465,149	463,743
Accounts and rent receivable	11,021	-	-	11,021	6,846
Contributions and grants receivable, net of allowance for uncollectible contributions 2017 \$525,727; 2016 \$499,427	-	3,796,908	-	3,796,908	3,673,854
Assets held for sale	-	-	-	-	109,568
<i>Total current assets</i>	<u>978,829</u>	<u>4,074,876</u>	<u>-</u>	<u>5,053,705</u>	<u>5,218,372</u>
OTHER ASSETS					
Property and equipment, net	1,028,071	-	-	1,028,071	1,303,019
Investments - endowment	9,792	45,686	100,397	155,875	147,597
Beneficial interest in assets held by others	-	1,691,022	-	1,691,022	1,587,401
<i>Total other assets</i>	<u>1,037,863</u>	<u>1,736,708</u>	<u>100,397</u>	<u>2,874,968</u>	<u>3,038,017</u>
<i>Total assets</i>	<u>\$ 2,016,692</u>	<u>\$ 5,811,584</u>	<u>\$ 100,397</u>	<u>\$ 7,928,673</u>	<u>\$ 8,256,389</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
ALLOCATED ANNUAL CAMPAIGN SUPPORT DESIGNATED FOR FUTURE PERIODS					
Future allocations payable	\$ 1,958,135	\$ -	\$ -	\$ 1,958,135	\$ 2,276,379
Donor-designations payable	375,152	1,109,265	-	1,484,417	1,471,061
	<u>2,333,287</u>	<u>1,109,265</u>	<u>-</u>	<u>3,442,552</u>	<u>3,747,440</u>
Current maturities of long-term debt	12,190	-	-	12,190	11,683
Funds held for others	29,420	-	-	29,420	28,960
Accounts payable	29,739	38,817	-	68,556	18,958
Accrued expenses	106,537	-	-	106,537	120,736
Deferred revenue - designation fees	44,246	-	-	44,246	47,344
<i>Total current liabilities</i>	<u>2,555,419</u>	<u>1,148,082</u>	<u>-</u>	<u>3,703,501</u>	<u>3,975,121</u>
LONG-TERM DEBT, less current maturities	227,230	-	-	227,230	239,018
COMMITMENTS (See Notes)					
NET ASSETS (DEFICIT):					
Unrestricted	(1,554,608)	-	-	(1,554,608)	(1,743,087)
Unrestricted, invested in property and equipment	788,651	-	-	788,651	1,052,318
<i>Total unrestricted net deficit</i>	<u>(765,957)</u>	<u>-</u>	<u>-</u>	<u>(765,957)</u>	<u>(690,769)</u>
Temporarily restricted	-	4,663,502	-	4,663,502	4,632,622
Permanently restricted	-	-	100,397	100,397	100,397
<i>Total net assets (deficit)</i>	<u>(765,957)</u>	<u>4,663,502</u>	<u>100,397</u>	<u>3,997,942</u>	<u>4,042,250</u>
<i>Total liabilities and net assets</i>	<u>\$ 2,016,692</u>	<u>\$ 5,811,584</u>	<u>\$ 100,397</u>	<u>\$ 7,928,673</u>	<u>\$ 8,256,389</u>

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year ended March 31, 2017 with comparative totals for the year ended March 31, 2016

	2017			2016	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Support and revenues:					
Campaign revenue:					
Total contributions pledged	\$ -	\$ 6,847,216	\$ -	\$ 6,847,216	\$ 6,878,664
Less donor designations	-	(1,672,420)	-	(1,672,420)	(1,895,593)
Less provision for uncollectible pledges	-	(288,453)	-	(288,453)	(296,558)
Add prior years' excess provision for uncollectible pledges taken into income in current year	89,820	-	-	89,820	159,007
<i>Net campaign revenue</i>	89,820	4,886,343	-	4,976,163	4,845,520
Support:					
Sponsors and other contributions	6,548	671,390	-	677,938	716,447
Grant revenue	-	1,108,898	-	1,108,898	635,227
In-kind contributions	40,899	-	-	40,899	57,365
<i>Total support</i>	137,267	6,666,631	-	6,803,898	6,254,559
Other revenue:					
Administrative fees	60,566	-	-	60,566	58,073
Returned grants	33,575	-	-	33,575	-
Rental income	87,603	-	-	87,603	80,497
Miscellaneous income	3,023	-	-	3,023	2,776
<i>Total support and revenues</i>	322,034	6,666,631	-	6,988,665	6,395,905
Net assets released from restrictions:					
For satisfaction of time restrictions	4,792,039	(4,792,039)	-	-	-
For satisfaction of program restrictions	1,955,091	(1,955,091)	-	-	-
	7,069,164	(80,499)	-	6,988,665	6,395,905
Expenses:					
Program services	5,754,597	-	-	5,754,597	5,471,034
Support services:					
Management and general	550,755	-	-	550,755	484,246
Fundraising	948,140	-	-	948,140	753,390
<i>Total expenses</i>	7,253,492	-	-	7,253,492	6,708,670
<i>Decrease in net assets before other activities</i>	(184,328)	(80,499)	-	(264,827)	(312,765)
Other activities:					
Increase (decrease) in value of beneficial interest in trusts, net of fees 2017 \$11,529; 2016 \$11,422	-	103,621	-	103,621	(150,302)
Realized and unrealized gains (losses) on investments	(8,864)	5,567	-	(3,297)	(10,578)
Gain on sale of property and equipment	22,433	-	-	22,433	-
Investment income	95,571	2,191	-	97,762	93,077
<i>Total other activities</i>	109,140	111,379	-	220,519	(67,803)
<i>Net increase (decrease) in net assets</i>	(75,188)	30,880	-	(44,308)	(380,568)
Net assets (deficit), beginning of year	(690,769)	4,632,622	100,397	4,042,250	4,422,818
<i>Net assets (deficit), end of year</i>	\$ (765,957)	\$ 4,663,502	\$ 100,397	\$ 3,997,942	\$ 4,042,250

GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES

Year ended March 31, 2017 with comparative totals for the year ended March 31, 2016

	2017				2016
	Program services	Management and general	Fundraising	Total	Total
Salaries and wages	\$ 1,709,306	\$ 377,081	\$ 618,640	\$ 2,705,027	\$ 2,493,659
Payroll taxes	111,906	24,687	40,502	177,095	163,224
Employee fringe benefits	191,941	42,343	69,468	303,752	239,908
Employer 403(b) contribution	48,989	10,807	17,730	77,526	72,511
<i>Total salaries and related benefits</i>	<u>2,062,142</u>	<u>454,918</u>	<u>746,340</u>	<u>3,263,400</u>	<u>2,969,302</u>
Community Impact Grants to agencies	2,005,635	-	-	2,005,635	2,360,600
Occupancy	101,066	22,295	36,578	159,939	130,183
Grant expenses-Public Health Network	482,131	-	-	482,131	174,300
Other program services (See Note 13)	282,959	-	-	282,959	267,737
Safe Station expenses	191,490	-	-	191,490	-
211 expenses	113,823	-	-	113,823	89,218
Telephone, communications and technology	65,365	14,420	23,657	103,442	88,711
United Way Worldwide dues	49,233	10,861	17,818	77,912	67,321
Publications, printing and campaign expenses	29,714	-	44,571	74,285	76,767
Professional services	32,955	7,270	11,927	52,152	56,695
Supplies and office expense	27,668	6,103	10,013	43,784	47,050
In-kind expenses	25,844	5,701	9,354	40,899	57,365
STEAM Ahead expenses	38,897	-	-	38,897	27,508
Insurance	22,491	4,962	8,140	35,593	35,552
Travel	18,251	4,026	6,605	28,882	30,950
Volunteer Income Tax Assistance expenses	27,234	-	-	27,234	27,816
Conferences, training and meetings	17,021	3,755	6,160	26,936	16,276
Community needs assessment	25,000	-	-	25,000	12,500
Special events	19,418	1,600	2,625	23,643	16,632
Miscellaneous	14,628	3,228	5,295	23,151	17,554
Postage	10,058	2,219	3,640	15,917	14,556
Other dues and awards	5,496	1,213	1,989	8,698	11,250
Community impact expenses	8,151	-	-	8,151	5,501
Investment fees	1,381	304	499	2,184	4,930
<i>Total expenses before interest and depreciation</i>	<u>5,678,051</u>	<u>542,875</u>	<u>935,211</u>	<u>7,156,137</u>	<u>6,606,274</u>
Interest expense	8,683	894	1,467	11,044	11,315
Depreciation	67,863	6,986	11,462	86,311	91,081
<i>Total functional expenses</i>	<u>\$ 5,754,597</u>	<u>\$ 550,755</u>	<u>\$ 948,140</u>	<u>\$ 7,253,492</u>	<u>\$ 6,708,670</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended March 31, 2017 and 2016

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	\$ 7,150,826	\$ 7,236,918
Cash received from grantors	1,108,898	635,227
Administrative fees	57,468	62,579
Other cash received	120,026	83,682
Cash received from trust	74,157	73,308
Designations paid	(1,659,064)	(1,728,531)
Net cash (paid) received for funds held for others	460	(37,796)
Cash paid to agencies	(2,271,239)	(2,333,702)
Cash paid to suppliers, employees, and others	(5,099,556)	(4,017,957)
<i>Net cash used in operating activities</i>	(518,024)	(26,272)
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of property and equipment	363,739	-
Purchase of property and equipment	(43,102)	(51,127)
Proceeds from sale of investments	10,152	12,249
<i>Net cash provided by (used in) investing activities</i>	330,789	(38,878)
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayments of long-term debt	(11,282)	(10,944)
<i>Net decrease in cash</i>	(198,517)	(76,094)
Cash, beginning of year	926,116	1,002,210
<i>Cash, end of year</i>	\$ 727,599	\$ 926,116

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS (CONTINUED)

Years Ended March 31, 2017 and 2016

	2017	2016
RECONCILIATION OF DECREASE IN NET ASSETS TO NET CASH USED IN OPERATING ACTIVITIES		
Decrease in net assets	\$ (44,308)	\$ (380,568)
Adjustments to reconcile decrease in net assets to net cash used in operating activities:		
Realized and unrealized loss on investments	3,297	10,578
Gain on sale of property and equipment	(22,433)	-
Reinvested interest and dividends	(23,133)	(14,942)
Depreciation	86,311	91,081
Prior years' excess provision for uncollectible pledges	(89,820)	(159,007)
(Increase) decrease in accounts and rent receivable	(4,175)	409
(Increase) decrease in prepaid and reimbursable expenses	(14,782)	182,722
Increase in contributions receivable	(33,234)	(230)
(Increase) decrease in value of beneficial interest in assets held by others	(103,621)	150,302
Increase (decrease) in allocated annual campaign	(304,888)	154,555
Increase (decrease) in funds held for others	460	(37,796)
Decrease in grants payable	-	(22,000)
Increase in accounts payable	49,600	13,047
Decrease in accrued expenses	(14,199)	(18,929)
Increase (decrease) in deferred revenue	(3,098)	4,506
<i>Net cash used in operating activities</i>	<u>\$ (518,023)</u>	<u>\$ (26,272)</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:

Interest expense	\$ 11,044	\$ 11,315
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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities

Granite United Way (the "United Way") was formed on July 1, 2010, as the result of a merger of four local not-for-profit entities - Heritage United Way, Inc., United Way of Merrimack County, North Country United Way and Upper Valley United Way. All of these entities shared the common goal to raise and distribute funds for the community's needs. This merger allows for shared resources and reduction in overhead in order to increase impact in the communities the United Way serves.

On February 1, 2012, the United Way acquired the assets and assumed the liabilities of United Way of Northern New Hampshire. On January 1, 2013, the United Way acquired the assets and assumed the liabilities of Lakes Region United Way.

The United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by the United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay the United Way's operating expenses. Donors may designate their pledges to support a region of the United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as temporarily restricted in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

The United Way invests in the community through three different vehicles:

March 31,	2017	2016
Community Impact Awards to partner agencies	\$ 2,005,635	\$ 2,360,600
Donor designated gifts to Health and Human Service agencies	1,672,420	1,895,593
Granite United Way Program services	3,748,962	3,110,434
<i>Total</i>	<u>\$ 7,427,017</u>	<u>\$ 7,366,627</u>

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the United Way have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at March 31, 2017 and 2016.

Basis of presentation: The United Way accounts for contributions received in accordance with the FASB Accounting Standards Codification topic for revenue recognition (FASB ASC 958-605) and contributions made in accordance with FASB ASC 958-720-25 and FASB ASC 958-310. In accordance with FASB ASC 958-605-25, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. In addition, FASB ASC 958-310 requires that unconditional promises to give (pledges) be recorded as receivables and recognized as revenues.

The United Way adheres to the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the United Way is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Descriptions of the three net asset categories are as follows:

Unrestricted net assets include both undesignated and designated net assets, which are the revenues not restricted by outside sources and revenues designated by the Board of Directors for special purposes and their related expenses.

Temporarily restricted net assets include gifts and pledges for which time restrictions or donor-imposed restrictions have not yet been met and donor designations payable associated with uncollected pledges. Temporarily restricted net assets also include the beneficial interest in assets held by others and the accumulated appreciation related to permanently restricted endowment gifts, which is a requirement of FASB ASC 958-205-45.

Permanently restricted net assets include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof be made available for program operations in accordance with donor restrictions.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of \$288,453 and \$296,558 for the campaign years ended March 31, 2017 and 2016, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both years ended March 31, 2017 and 2016.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Deferred revenue: The United Way charged a 10% administrative fee on the State Campaign designations for both years ended March 31, 2017 and 2016. The United Way charged 5% on most other designations for both of the years ended March 31, 2017 and 2016.

These administrative fees are recognized in the post campaign years, as this is the year they are available to offset administrative expenses.

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, call center space, gift certificates, materials and other items, amounting to \$40,899 and \$57,365 have been reflected at fair value in the financial statements for the years ended March 31, 2017 and 2016, respectively.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The cost of providing the various programs and other activities has been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Property and equipment: Property and equipment are included in unrestricted net assets and are carried at cost if purchased and fair value if contributed. Maintenance, repairs and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of \$1,000.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements.....	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at March 31, 2017, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to \$250,000. Amounts included in cash in excess of federally insured limits were approximately \$182,000 at March 31, 2017.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2014.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 - inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.
- Level 2 - inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 - inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2017:

	Level 1	Level 2	Level 3
Money market funds	\$ 81,311	\$ 12,250	\$ -
Mutual funds:			
Domestic equity	55,025	-	-
Fixed income	250,459	-	-
Other	5,065	-	-
Fixed income funds	181,537	-	-
Municipal bonds	-	10,765	-
Corporate bonds	-	24,736	-
Beneficial interest in assets held by others	-	-	1,691,022
<i>Total</i>	<u>\$ 573,397</u>	<u>\$ 47,751</u>	<u>\$ 1,691,022</u>

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2016:

	Level 1	Level 2	Level 3
Money market funds	\$ 79,529	\$ 6,384	\$ -
Mutual funds:			
Domestic equity	89,491	-	-
International equity	4,188	-	-
Fixed income	247,901	-	-
Other	5,164	-	-
Fixed income funds	143,747	-	-
Municipal bonds	-	11,057	-
Corporate bonds	-	25,552	-
Beneficial interest in assets held by others	-	-	1,587,401
<i>Total</i>	<u>\$ 570,020</u>	<u>\$ 42,993</u>	<u>\$ 1,587,401</u>

	Beneficial interest in assets held by others
<i>Balance, April 1, 2015</i>	\$ 1,737,703
Total unrealized losses, net of fees, included in changes in temporarily restricted net assets	<u>(150,302)</u>
<i>Balance, March 31, 2016</i>	\$ 1,587,401
Total unrealized gains, net of fees, included in changes in temporarily restricted net assets	<u>103,621</u>
<i>Balance, March 31, 2017</i>	<u>\$ 1,691,022</u>
Amount of unrealized gains, net of fees, attributable to change in unrealized gains relating to assets still held at the reporting date included in the statement of activities and changes in net assets	<u>\$ 103,621</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources. The fair value of investments in money market funds is based upon the net asset values determined by the underlying investments in which the funds invest.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at March 31, 2017 and 2016.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

<u>Property and equipment, at cost, at March 31,</u>	<u>2017</u>	<u>2016</u>
Land, buildings and building improvements	\$ 1,078,962	\$ 1,708,167
Leasehold improvements	5,061	5,061
Furniture and equipment	422,614	398,497
<i>Total property and equipment</i>	<u>1,506,637</u>	<u>2,111,725</u>
Less accumulated depreciation	(478,566)	(808,706)
<i>Total property and equipment, net</i>	<u>\$ 1,028,071</u>	<u>\$ 1,303,019</u>

Note 5. Assets Held for Sale

During the year ended March 31, 2016, the United Way made the decision to sell their property in Concord, New Hampshire which was sold during June 2016.

<u>Assets held for sale consisted of the following at March 31,</u>	<u>2017</u>	<u>2016</u>
Building	\$ -	\$ 89,781
Building improvements	-	19,787
<i>Total assets held for sale</i>	<u>\$ -</u>	<u>\$ 109,568</u>

Note 6. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The distributions are approximately 4.03% of the market value of each fund per year.

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$69,677 and \$68,879 from the agency endowed funds during the years ended March 31, 2017 and 2016, respectively.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way.

The distributions are approximately 4.2% of the market value of the fund per year. These funds are not included in these financial statements, since all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$4,480 and \$4,429 from the designated funds during the year ended March 31, 2017 and 2016, respectively. The market value of these fund's assets amounted to approximately \$109,000 and \$102,000 as of March 31, 2017 and 2016, respectively.

Note 7. Long-term Debt

Long-term debt at March 31,	2017	2016
4.25% mortgage financed with a local bank. The note is due in monthly installments of principal and interest of \$1,837 through December 2031. The note is collateralized by the United Way's building located in Plymouth, NH.	\$ 239,420	\$ 250,701
Less portion payable within one year	12,190	11,683
<i>Total long-term debt</i>	<u>\$ 227,230</u>	<u>\$ 239,018</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The scheduled maturities of long-term debt at March 31, 2017 were as follows:

<u>Year Ending March 31,</u>		
2018		\$ 12,190
2019		12,718
2020		13,269
2021		13,844
2022		14,444
Thereafter		172,955
<i>Total</i>		<u>\$ 239,420</u>

The mortgage note with Franklin Savings Bank contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

Note 8. Funds Held for Others

The United Way held funds for others for the following projects:

<u>March 31,</u>	<u>2017</u>	<u>2016</u>
Concord Multicultural Project Fund	\$ 17,256	\$ 17,571
Working Bridges Loans	4,642	-
Friendship Bench	3,435	-
Mayor's Prayer Breakfast	2,625	10,472
Get Moving Manchester	1,248	748
Better Together	214	169
<i>Total</i>	<u>\$ 29,420</u>	<u>\$ 28,960</u>

Note 9. Endowment Funds and Net Assets

The United Way adheres to the Other Presentation Matters section of the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205-45).

FASB ASC 958-205-45 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

FASB ASC 958-205-45 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. The United Way's endowment consists of three individual funds established for youth programs, Whole Village and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including those funds designated by the Board of Directors, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the United Way has interpreted UPMIFA as allowing the United Way to appropriate for expenditure or accumulate so much of an endowment fund as the United Way determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

As a result of this interpretation, the United Way classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the United Way in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the United Way, and (7) the investment policies of the United Way.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk.

Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Endowment net asset composition by type of fund as of March 31, 2017 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 45,686	\$ 100,397	\$ 146,083
Board-designated endowment funds	9,792	-	-	9,792
	<u>\$ 9,792</u>	<u>\$ 45,686</u>	<u>\$ 100,397</u>	<u>\$ 155,875</u>

Changes in the endowment net assets as of March 31, 2017 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2016	\$ 9,272	\$ 37,928	\$ 100,397	\$ 147,597
Investment return:				
Investment income	147	2,191	-	2,338
Net appreciation (realized and unrealized)	373	5,567	-	5,940
Total investment return	<u>520</u>	<u>7,758</u>	<u>-</u>	<u>8,278</u>
Endowment net assets, March 31, 2017	<u>\$ 9,792</u>	<u>\$ 45,686</u>	<u>\$ 100,397</u>	<u>\$ 155,875</u>

Endowment net asset composition by type of fund as of March 31, 2016 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 37,928	\$ 100,397	\$ 138,325
Board-designated endowment funds	9,272	-	-	9,272
	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Changes in the endowment net assets as of March 31, 2016 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2015	\$ 9,162	\$ 36,305	\$ 100,397	\$ 145,864
Investment return:				
Investment income	195	2,889	-	3,084
Net depreciation (realized and unrealized)	(85)	(1,266)	-	(1,351)
Total investment return	110	1,623	-	1,733
Endowment net assets, March 31, 2016	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

Income from permanently restricted net assets is available for the following purposes:

March 31,	2017	2016
General operations	\$ 14,930	\$ 14,930
Youth programs	11,467	11,467
General operations of Whole Village	74,000	74,000
<i>Total permanently restricted net assets</i>	<u>\$ 100,397</u>	<u>\$ 100,397</u>

Temporarily restricted net assets consisted of support and other unexpended revenues and represent the following:

March 31,	2017	2016
Contributions receivable related to campaigns	\$ 3,463,393	\$ 3,541,854
Designations payable to other agencies and United Ways	(1,109,265)	(1,080,514)
CDFR contributions receivable and funds for the Bridge House and Whole Village Family Resource Center upgrades	267,822	132,000
Public Health Network services	161,508	99,025
STEAM Ahead	62,109	27,084
Working Bridges	37,215	16,279
Safe Station	24,510	-
Concord Cold Weather Shelter	16,522	31,080

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Other programs	2,980	-
211 Program	-	225,227
Volunteer Income Tax Assistance program	-	15,258
Agency endowed funds at the New Hampshire Charitable Foundation	1,691,022	1,587,401
Portion of perpetual endowment funds subject to time restriction under UPMIFA	45,686	37,928
<i>Total temporarily restricted net assets</i>	<u>\$ 4,663,502</u>	<u>\$ 4,632,622</u>

The United Way was awarded up to \$257,500 in Community Development Investment Program Funds by the Community Development Finance Authority ("CDFA") for upgrades and clean energy improvements to the Bridge House and Whole Village Family Resource Center in Plymouth. During the years ended March 31, 2017 and 2016, the CDFFA accepted \$321,875 in donations from area businesses, resulting in net tax proceeds to the United Way of \$257,500 to benefit the project. As of March 31, 2017, the outstanding balance amounted to \$125,500 which is included in contributions receivable at March 31, 2017.

Note 10. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the years ended March 31, 2017 and 2016, the United Way contributed \$77,526 and \$72,511, respectively to employees participating in the plan.

Note 11. Lease Commitments

During the year ended March 31, 2017, the United Way entered into an operating lease agreement for a three year term commencing November 1, 2016 through October 31, 2019 for the office space in Concord, New Hampshire. The lease requires monthly payments of \$3,080 through October 31, 2017. The rent will then be increased by 3% annually on each anniversary date of the lease. Subsequent to year end, the lease was amended with the term ending September 1, 2017.

During the year ended March 31, 2017, the United Way entered into an operating lease agreement for a five year term commencing July 15, 2016 through June 30, 2021 for the office space in Manchester, New Hampshire. The lease requires monthly payments of \$5,566 through June 30, 2017. The rent will then be increased by 3% annually on each anniversary date of the lease.

Total rent expense for these leases amounted to approximately \$63,000 and \$46,000 for the years ended March 31, 2017 and 2016, respectively.

The United Way leases a copy machine under the terms of an operating lease. The monthly lease payment amount is \$170. The lease expense amounted to \$2,036 for both years ended March 31, 2017 and 2016.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The United Way's future minimum lease commitments are as follows:

<u>Year ending March, 31</u>	<u>Total</u>
2018	\$ 85,731
2019	71,362
2020	72,454
2021	74,628
2022	18,793
<i>Total</i>	<u>\$ 322,968</u>

Note 12. Commitments

The United Way does not own the land on which their building in Laconia, New Hampshire is located. The United Way is part of a condominium association to which they pay quarterly dues that fund certain maintenance costs. For the years ended March 31, 2017 and 2016, the dues amounted to \$3,325.

In Plymouth, the United Way rents space in a building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from \$125 to \$1,500 per month. For the years ended March 31, 2017 and 2016, the rental income amounted to \$70,003 and \$59,102, respectively. The United Way also provides space at no charge to one tenant in the Plymouth, New Hampshire building for affordable childcare services in support of its mission to provide services, support and resources to develop strong families, confident parents and healthy children.

Note 13. Other Program Services

Other program services included in the accompanying statement of functional expenses include expenses for the following programs:

<u>Year ending March 31,</u>	<u>2017</u>	<u>2016</u>
AmeriCorps Planning Grant	\$ 20,913	\$ -
Bring It Program	25,293	38,636
Carroll County United	10,035	3,672
Concord Cold Weather Shelter	49,558	21,520
Curcuru Community Service Fund	-	1,829
Financial Stability Program	86	1,692
Homeless Service Center expenses	-	6,000
Northern NH direct client services	2,250	16,663
Other program services	14,584	9,997
Service Learning Partnership	45,000	45,000
Whole Village Family Resource Center	115,240	122,728
<i>Total</i>	<u>\$ 282,959</u>	<u>\$ 267,737</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 14. Payment to Affiliated Organizations and Related Party

The United Way paid dues to United Way of Worldwide. The United Way's dues paid to this affiliated organization aggregated \$77,912 and \$67,321 for the years ended March 31, 2017 and 2016, respectively.

Note 15. Reclassifications

Certain reclassifications have been made to the March 31, 2016 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

Note 16. Subsequent Events

The United Way has evaluated subsequent events through August 17, 2017, the date which the financial statements were available to be issued, and have not evaluated subsequent events after that date. Subsequent to year end, one of the United Way's leases was amended as described in Note 11. There were no other subsequent events that would require disclosure in financial statements for the year ended March 31, 2017.

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 MERRIMACK COUNTY REGION
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Blueberry Express Day Care	\$ 33,000
Boys and Girls Clubs of Central New Hampshire	25,000
Community Action Program	9,000
Community Bridges	25,000
Concord Coalition to End Homelessness	20,000
Concord Family YMCA:	
Child Development Center	30,000
Kydstop-Camp	10,000
Girls Incorporated of New Hampshire	9,000
Health First Family Care Center	25,000
Merrimack Valley Day Care	90,000
NH Legal Assistance	60,000
NH Pro Bono Referral System	18,000
Penacook Community Center	35,487
Pittsfield Youth Workshop	30,000
Second Start:	
Adult Education	15,000
First Start Children's Center and Second Start Alternative High School	15,000
The Friends Program:	
Emerging Housing	35,000
Foster Grandparents	18,000
The Mayhew Program	12,500
	<u>\$ 514,987</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTH COUNTRY REGION
Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Boys and Girls Club of the North Country	\$ 10,000
Community Action Program	1,000
Copper Cannon Camp	4,000
Family Resource Center at Gorham	1,500
Grafton County Senior Citizens:	
Aging Services	9,800
RSVP Bone Builders	5,977
Service Link	2,900
NH Legal Assistance	5,000
Northern Human Services	3,000
Tri-County Community Action Program	4,000
	<hr/>
	\$ 47,177
	<hr/> <hr/>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 UPPER VALLEY REGION
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Child and Family Services of New Hampshire:	
Behavioral Health	\$ 12,500
Safe Visitation Program	20,000
Child Care Center in Norwich	5,250
Child Care Resource	2,325
Community Action Program Belknap	1,000
Copper Cannon Camp	1,000
Cover Home Repair	11,000
Dismas of Vermont	6,000
Girls Incorporated of New Hampshire	3,500
Global Campuses Foundation	5,000
Good Beginnings, Inc.	2,149
Good Neighbor Health Clinic/Red Logan Dental Clinic	7,596
Grafton County Senior Citizens Council	6,500
Green Mountain Children's Center	15,000
Hartford Community Restorative Justice Center	9,500
Headrest, Inc.	10,000
HIV/HCV Resource Center	3,500
Maple Leaf Children's Center, Inc.	1,000
Mt. Ascutney Hospital and Health Center	8,000
NH Legal Assistance	2,000
Ohana Family Camp	2,500
Ottauquechee Health Foundation, Inc.	10,500
Safeline, Inc.	7,000
Second Wind Foundation:	
Community Education and Advocacy	5,000
Turning Point Recovery Center	10,000
Willow Grove	9,000
Springfield Family Center	10,000
Southeastern Vermont Community Action	18,000

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 UPPER VALLEY REGION (CONTINUED)
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
The Children's Center of the Upper Valley	\$ 15,000
The Family Place	8,000
The Mayhew Program	4,000
Twin Pines Housing Trust:	
Affordable Housing	17,500
Support and Services at Home	10,000
Upper Valley Haven:	
Community Services Program	12,500
Shelter Services Program	16,000
Upper Valley Trails Alliance	1,750
Valley Court Diversion Program	11,335
Visions for Creative Housing Solutions	3,000
Visiting Nurse Association and Hospice for VT and NH	4,000
West Central Behavioral Health	10,500
Willing Hands - Feeding Hungry Neighbors	10,000
Windham and Windsor Housing Trust	5,392
Windsor County Partners:	
Lunch Program	1,800
Partners Always Lend Support Program	2,232
WISE:	
Crisis Intervention and Support Services	15,000
Emergency Shelter and Housing	5,500
Prevention and Education Program	7,500
Zack's Place Vermont	5,000
	<u>\$ 370,829</u>
	<u>Emerging Opportunity Grants</u>
Headrest, Inc.	\$ 10,000
Springfield Turning Point	7,500
	<u>\$ 17,500</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 SOUTHERN REGION
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Boys and Girls Club of Salem	\$ 28,000
Child and Family Services of New Hampshire	22,662
City Year New Hampshire	45,000
Easter Seals New Hampshire, Inc.	40,000
Girls Incorporated of New Hampshire	20,000
Granite YMCA and Boys and Girls Club of Manchester:	
Youth Engagement Collective Impact	37,500
Power Scholars Summer Collaborative	25,000
Greater Derry Community Health	30,000
International Institute of New Hampshire	15,000
Manchester Community Health Center	40,000
Manchester Community Music School	10,000
Manchester Neighborhood Health Improvement Strategy:	
Building Adult Capacities Collaborative	180,000
Care Coordination and Case Management	170,000
Childhood Resiliency and Care Coordination	55,000
NH Legal Assistance	20,000
Serenity Place:	
Wrap Around Services	20,000
The Mayhew Program	10,000
The Upper Room, A Family Resource Center	20,000
YWCA New Hampshire	40,000
	<u>\$ 828,162</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTHERN REGION
Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Community Action Program Belknap-Merrimack Counties, Inc.	\$ 500
Coos County Coalition Project	2,500
Coos County Family Health Services, Inc.	4,000
Copper Cannon Camp	2,500
Harvest Christian Fellowship:	
Community Café	3,008
Feeding Hope Food Pantry	4,300
Helping Hands North, Inc.	3,000
NH JAG	3,000
NH Legal Assistance	2,500
North Conway Community Center	1,152
Northern Human Services	6,500
Ohana Family Camp	1,500
The Family Resource Center at Gorham	2,500
Tri-County Community Action Program	6,500
	<u>\$ 43,460</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS

CENTRAL REGION

Year Ended March 31, 2017

	Community Impact Awards
Boys and Girls Clubs of Central New Hampshire	\$ 16,520
Circle Program	5,000
Grafton County Senior Citizens Council, Inc.	2,000
Health First Family Care Center	20,000
Laconia Area Community Land Trust	20,000
Lakes Region Child Care Services	40,000
Lakes Region Community Services	20,000
New Beginnings Without Violence and Abuse	5,000
NH JAG	10,000
Salvation Army	10,000
The Mayhew Program	5,000
Voices Against Violence	5,000
	<hr/>
	\$ 158,520

GRANITE UNITED WAY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended March 31, 2017

Federal Grantor Pass-through Grantor Program Title	Federal CFDA Number	Federal Expenditures
Regional Public Health Network Services Cluster		
<u>U.S. Department of Health and Human Services</u>		
State of N.H. Department of Health and Human Services - South Central Public Health Network		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	\$ 133,765
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	84,515
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	51,059
Substance Abuse and Mental Health Services	93.243	-
<i>Total State of N.H. Department of Health and Human Services - South Central Public Health Network</i>		<u>269,339</u>
State of N.H. Department of Health and Human Services - Capital Area Public Health Network		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	146,866
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	65,598
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	31,242
Substance Abuse and Mental Health Services	93.243	-
Immunization Cooperative Agreements	93.268	9,485
<i>Total State of N.H. Department of Health and Human Services - Capital Area Public Health Network</i>		<u>253,191</u>
State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	105,514
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	100,471
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	42,325
Substance Abuse and Mental Health Services	93.243	-
Immunization Cooperative Agreements	93.268	8,106
<i>Total State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health</i>		<u>256,416</u>
		<u>778,945</u>
<u>U.S. Internal Revenue Services</u>		
Department of the Treasury		
Volunteer Income Tax Assistance (VITA) Matching Grant Program	21.009	53,932
<u>Corporation for National and Community Service</u>		
AmeriCorps State and National		
AmeriCorps	94.006	20,588
<u>U.S. Department of Health and Human Services</u>		
Office of the Secretary		
Pregnancy Assistance Fund Program	93.500	4,345
		<u>\$ 857,810</u>
<i>Total Expenditures of Federal Awards</i>		

The accompanying notes are an integral part of this schedule.

GRANITE UNITED WAY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Note 1. Basis of Presentation

The Schedule of Expenditures of Federal Awards ("the Schedule") includes the federal grant activity of Granite United Way ("the United Way"), under programs of the federal government for the year ended March 31, 2017. The information in this schedule is presented in accordance with the requirements of the Office of Management and Budget (OMB) *Uniform Guidance*. Because the schedule presents only a selected portion of the operations of the United Way, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the United Way.

Note 2. Basis of Accounting

This schedule is prepared on the same basis of accounting as the United Way's financial statements. The United Way uses the accrual basis of accounting. Expenditures represent only the federally funded portions of the program. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Note 3. Program Costs

The amounts shown as current year expenditures represent only the federal grant portion of the program costs. Entire program costs could be more than shown. Such expenditures are recognized following, as applicable, either the cost principles in the OMB Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 4. Major Programs

In accordance with OMB Uniform Guidance, major programs are determined using a risk-based approach. Programs in the accompanying Schedule are determined by the independent auditor to be major programs.

Note 5. Indirect Cost Rate

The United Way has elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance. The United Way did not charge any indirect costs to the federal grants.



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Granite United Way as of and for the year ended March 31, 2017, and the related notes to the financial statements, which collectively comprise Granite United Way's basic financial statements, and have issued our report thereon dated August 17, 2017.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Nathan Wechsler & Company

Concord, New Hampshire
August 17, 2017



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM
GUIDANCE**

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on Compliance for Each Major Federal Program

We have audited Granite United Way's compliance with the types of compliance requirements described in the U.S. *Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of Granite United Way's major federal programs for the year ended March 31, 2017. Granite United Way's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with the requirements of federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Granite United Way's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Granite United Way's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program

In our opinion, Granite United Way complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended March 31, 2017.

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Report on Internal Control over Compliance

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

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified.

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

Nathan Wechsler & Company

Concord, New Hampshire
August 17, 2017

**GRANITE UNITED WAY
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(UNIFORM GUIDANCE)
YEAR ENDED MARCH 31, 2017**

Section I: Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: *unmodified*

Internal control over financial reporting:

Are any material weaknesses identified?	___ Yes	___ <u>X</u> No
Are any significant deficiencies identified?	___ Yes	___ <u>X</u> None
Is any noncompliance material to financial statement noted?	___ Yes	___ <u>X</u> No

Federal Awards

Internal control over major federal programs:

Are any material weaknesses identified?	___ Yes	___ <u>X</u> No
Are any significant deficiencies identified?	___ Yes	___ <u>X</u> None
Type of auditor's report issued on compliance for major federal programs:	<i>unmodified</i>	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	___ Yes	___ <u>X</u> No
Identification of major federal programs:		
CFDA Numbers	Name of federal program or cluster	
93.959 - Block Grants for Prevention and Treatment of Substance Abuse		
93.074 - Hospital Preparedness Program and Public Health Emergency Preparedness Aligned Cooperative Agreements		
93.069- Public Health Emergency Preparedness		
93.758 - Preventive Health and Health Services Block Grant		
93.243 - Substance Abuse and Mental Health Services		
93.268 - Immunization Cooperative Agreements		
Dollar threshold used to distinguish between type A and type B programs:	\$750,000	
Auditee qualified as a low-risk auditee?	___ Yes	___ <u>X</u> No

2018 Board of Directors with Terms

BOARD MEMBER	REGION	TERM
John Mercier	Southern	2018 – 2 nd term ends
Sean Owen	Southern	2018 – 2 nd term ends
Gary Shirk	Merrimack County	2018 – 2 nd term ends
Evan Smith	Upper Valley	2018 – 2 nd term ends
Jim Scammon	Merrimack County	2018 – 2 nd term ends
Dean Christon	Southern	2018 – 2 nd term ends
Gordon Ehret	Upper Valley	2018 – 2 nd term ends
Bill Bedor	North Country	2019 – 2 nd term ends
Nannu Nobis	Merrimack County	2019 – 2 nd term ends
Jeff Savage	Merrimack County	2019 – 2 nd term ends
Rod Tenney	Merrimack County	2019 – 2 nd term ends
Jeremy Veilleux	Southern	2019 – 2 nd term ends
Steve Webb	Southern	2019 – 2 nd term ends
Jason Cole	Southern	2020 – 2 nd term ends
Heather Lavoie	Merrimack County	2020 – 2 nd term ends
Anna Thomas	Southern	2020 – 2 nd term ends
Joe Purington	Southern	2018 – 1 st term ends
Michael Delahanty	Southern	2018 – 1 st term ends
Sue Ruka	Central	2018 – 1 st term ends
Marlene Hammond	Merrimack County	2019 – 1 st term ends
Charla Stevens	Southern	2019 – 1 st term ends
Cass Walker	Central	2019 – 1 st term ends
Robert Tourigny	Southern	2019 – 1 st term ends
Rick Wyman	Central	2019 – 1 st term ends
Sally Kraft	Upper valley	2020 – 1 st term ends
Joe Carelli	Southern	2020 – 1 st term ends
Paul Falvey	Central	2020 – 1 st term ends
Paul Mertzic	Southern	2020 – 1 st term ends
Charlie Head	Merrimack County	2020 – 1 st term ends
Larry Major	Central	2020 – 1 st term ends
Kathy Bizarro-Thunberg	Merrimack County	2020 – 1 st term ends
Lori Langlois	Northern	2020 – 1 st term ends
Tony Speller	Southern	2020 – 1 st term ends
Joe Kenney	Merrimacy Coutry	2021 – 1 st term ends

5/15/2018




SHANNON SWETT BRESAW, MSW

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts - Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE

2007 - Present

Granite United Way

Concord, NH

Vice President of Public Health

Accomplishments:

- Provides contract management and oversight to 3 out of the 13 Regional Public Health Networks in NH, including the Capital Area Public Health Network, the Carroll County Coalition for Public Health and the South Central Public Health Network
- Oversees scopes of work in Substance Misuse Prevention, Continuum Of Care for Substance Use Disorders development, Public Health Emergency Preparedness, Public Health Advisory Council development, and School-Based Influenza Clinics
- Provides direction and leadership towards achievement of each Network's philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, and community/public relations
- Coordinates all aspects of federal, state, and local grants and contracts, including resource development/grant-writing, financial oversight, progress reports, work plan goals/objectives
- Oversees the Strategic Prevention Framework process (assessment, capacity building, planning, implementation, evaluation, cultural competency, and sustainability) for regional public health and prevention efforts
- Develops community health improvement plans, evaluation plans, and other data-driven, research-informed strategic plans for the Networks
- Works with community impact committees and volunteers through Granite United Way to align funding streams to support collective impact initiatives
- Provides technical assistance and support to community stakeholders in the areas of grant writing, evaluation, community organizing, research/best practices, substance misuse prevention, and coalition development
- Supervises full and part-time staff

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2005 – 2007 Community Response (CoRe) Coalition Belknap County, NH
Outreach Coordinator, Project Director

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005 Caring Community Network of the Twin Rivers (CCNTR) Franklin, NH
Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

Prevention Task Force of the Governor's Commission (Co-Chair): 2017 - Current
NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016 – Current
NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-Current
NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015
NH Prevention Certification Board's Peer Review Committee: 2009-2011

Professional Profile

- Coalition Building
- Plan Development
- Resource Coordination
- Logistics
- Time management
- Budgeting
- Volunteer Management
- Grant/Proposal Writing
- Organization
- Leadership

Professional Accomplishments

Public Health

- Provide direction and leadership towards achievement of the Public Health Regions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations

Regional Resource Coordination

- Collected and disseminated data on available resources critical for response to public health emergency.
- Developed working relationship with stakeholders in Public Health Region.

Public Health Coalition

- Regional Public Health Emergency Response Annex development
- Resource Coordination and Development
- Healthcare Coalition Building
- Regional Partner Development
- Clinic Operation Development
- Medical reserve Corps Volunteer Management and Training
- Policy Development
- Team Building

Captain of Operations

- Developed staff and operational procedures for full time staff
- Oversee Training Program
- Facilitate QA/QI
- Facilitated and maintained data entry system and procedures for all of Fire departments operations and patient tracking
- Created Personnel Manual and operational guidelines
- Secured grant funding
- Volunteer Management

Work History

Senior Director of Public Health	Granite United Way	2016 -present
Public Health Region Emergency Preparedness Director	Capital Area Public Health Network / GUW Concord NH	2013 - 2016
Executive Director	Carroll County Coalition for Public Health, Ossipee NH	2011 - 2013
Public Health Region Coordinator	Carroll County Coalition for Public Health,	2011 - 2013

1000

1000

	Ossipee NH	
Preparedness Planner	Capital Area Public Health Network/Concord Hospital, Concord NH	2009 - 2011
Regional Resource Coordinator	New England Center for Emergency Preparedness/ Dartmouth College, Lebanon NH	2009
Captain/Supervisor of Operations	Barnstead Fire Rescue, Barnstead NH	2001-2010

Certifications

- FEMA 29, 100, 120.a, 130, 200, 244, 250, 250.7, 300, 546.12, 547a, 700, 701, 702a, 704, 800.B, 806, 808
- Department of Homeland Security Exercise and Evaluation Program (HSEEP)
- CDC SNS/ Mass Dispensing Course, Atlanta GA
- ICS, WebEOC, SNS 101
- DHHS Inventory Management System Training
- Institute for Local Public Health Practices
 - Manchester Public Health Department
 - Local Public Health emergency Preparedness and Response
 - Principles of Environmental Health
 - Applied Communicable Disease Investigation, Control, and Microbiology
 - Principles of Epidemiology
 - Core Public Health Concepts
- HAZMAT Awareness and Operations
- CPR, Blood borne Pathogens
- EMS Field Training Officer
- Fire Fighter C2F2
- CDL B
- Amateur Radio Operator – General Class
- STEP program instructor, Are You Ready instructor
- Local Government Leadership Institute
- Local Government Center - Antioch New England Institute
 - Leadership in the 21st Century
 - Principles of Employment Law
 - Understanding our Diverse Workforce and Community
 - Stepping Up To Supervisor
 - Resolving Conflict Creatively
 - Managing the Multi-Generational Workforce
 - Is Time Managing You or Are You Managing It
 - Ethics
 - Municipal Budget & Finance
 - Performance Evaluation, and Beyond
 - How to Hire Smart
 - Bringing it All Together

CATALINA C. KIRSCH, M. Ed.

<https://www.linkedin.com/in/catalinaconchakirsch>

<https://www.facebook.com/catconchakirsch>

<https://twitter.com/catconchakirsch>

Education

M. Ed., Counseling with NH Certification in School Guidance (K-12)

Plymouth State College, Plymouth, NH, May 1998 [REDACTED] valid through June 2017.

BS, Psychology

St. Joseph's University, Philadelphia, PA, May 1989

Experience

March, 2017 – present; Continuum of Care Facilitator, Carroll County Coalition for Public Health, Granite United Way

- Convene key stakeholders to address gaps and barriers in the Substance Use Disorder (SUD) Continuum of Care which include prevention, intervention, treatment and recovery supports. Work with providers, the business sector, emergency services staff, government officials, judicial system and educators to promote awareness, access, collaboration and capacity of SUD services and create an efficient integration of these services across the continuum. Ensure a comprehensive, effective integration of services to address all areas of the SUD continuum of care that reflects evidence based practices and programs that are sustainable, flexible and available. approach to care.

May, 2015 – present; Research Assistant, University of NH, Conway, NH

- Part time. Outreach & recruitment of participating schools, programs. Teacher training, curriculum support. Student and teacher survey administration. Data collection and analysis for a study of rural science education and engagement. Temporary position.

August, 2014- June, 2015 SPANISH TEACHER, Kennett High School, North Conway, NH

- Part time High School Spanish Teacher. Bilingual language skills, Spanish & English. Teaching, Parent communication.

January, 2013 – June, 2014 ADMINISTRATIVE DIRECTOR, Bearcamp Valley School & Children's Center, Tamworth, NH

- All executive functions to operate a private, non-profit preschool and child care center together with a Board of Directors; management of \$250K budget, finance, legal & state child care licensing compliance, human resources, marketing, outreach, enrollment & retention, curriculum, building maintenance, public water compliance, school food program, community partnership and fundraising 50% operating expenses yearly. Connecting parents to child care and other vital services.

August, 2008 – December, 2012 PROGRAM DIRECTOR, Madison Mustang Academy, Madison School District, Madison, NH

- Direct federally funded 21st Century Community Learning Center before and after-school enrichment program; create community partnerships; supervision of staff; fundraising; program advocacy for sustainability; Manage up to 20 staff and \$125K Federal Grant annually. Raised up to \$30K annually for program. Connecting parents to afterschool care and enrichment for children.

January, 2007 – August, 2008 BUSINESS OUTREACH COORDINATOR, Independent Contractor;

The Employer Prepaid Program, White Mountain Community Health Center, Conway, NH; Part time

- Public Health. Manage grant fund designed to connect small business employers with health services at White Mountain Community Health Center. Sales and marketing of the Employer Prepaid Program. PT temporary position.

March 2004 – December, 2007 PROJECT COORDINATOR, Independent Contractor;

The Umbrella Project, White Mountain Community Health Center, Conway, NH

- Public Health. Design & coordinate an outreach and application assistance program to reduce the number of uninsured children in Carroll County, NH. A three-year \$60K annual grant-funded initiative through the HNH foundation, Concord, NH. Program design, staff supervision, and reporting. Extensive outreach across Carroll County. Connecting parents in need with children's health insurance program and other local services.

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February, 2003 – July, 2003 WEB SITE DESIGN, Independent Contractor ; Picturesque, Conway, NH

- Assisted with web site design & development special focus on the local hospitality industry.

August, 1996 – June, 2002 ELEMENTARY SCHOOL GUIDANCE COUNSELOR;

Madison School District, Madison, NH

- Implemented comprehensive approach to guidance services grades K-6 with components of guidance curriculum (classroom lessons), responsive services (crisis intervention), individual planning (educational, career, personal/social) and systems support (staff/ parental/ community support services). Professional Development Advisor for faculty/staff (5 years). Parent Education. Afterschool Program Grant. Participation in Carroll County service provider networking and coalition work.

July, 1992 - August, 1996 PATIENT/ COMMUNITY EDUCATOR; Family Planning and Prenatal

Program, Community Action Program, Belknap-Merrimack Counties, Inc., Laconia, NH

- Public Health. Management of teen clinic; Coordination of a peer education program; Patient education and counseling; Pre- and post-test HIV counseling; Community education program , focus on adolescent reproductive health.

December, 1990 - May, 1992 PHILADELPHIA COMMUNITY EDUCATOR;

Planned Parenthood of SE Pennsylvania, Philadelphia, PA

- Public Health. Designed, implemented & evaluated community sexuality education programs for adolescents & adults
- Maintained detailed records of program designs, community contacts, and statistics.

August, 1989 - October, 1990 ADOLESCENT AIDS EDUCATOR; Project A.P.P.E.A.L. (AIDS

Prevention Project Educating Adolescent Latinos), Congreso De Latinos Unidos, Inc., Philadelphia, PA

- Public Health. AIDS prevention workshops for adolescents in Philadelphia's Latino communities. Recruitment, training & facilitation, peer education program.

TRAINING

Completed FEMA Training, IS-100.B: Introduction to Incident Command System, ICS-100 Completed CPI Training, Non Violent Crisis Intervention, 2012

RELEVANT SKILLS, KNOWLEDGE

Carroll County coalition building and leadership; Community Outreach; Connection to Carroll County area human services network, law enforcement, traditional and alternative medical providers, public and private schools K-12 ; Marketing and Social Media; Public speaking; Leading meetings/trainings in person or remotely. Advocacy for families and children in need.

ORGANIZATIONS

October 18, 2007, Citizen Award: New Hampshire Children's Trust Fund, for New Hampshire citizens who have improved the lives of children and families, awarded to MWV Children's Museum Founding Board of Directors.

June 14, 2007, Emerging Leaders Project: Participated by invitation in the Emerging Leaders Project, conducted in partnership by the Carsey Institute of UNH, Durham, NH, and the Gorham Family Resource Center, Gorham, NH, with support from The Endowment for Health, Concord, NH.

2016- Present

KENNETT HIGH SCHOOL

North Conway, NH - Chair, Project Graduation 2017
Lead fundraising efforts to raise \$30,000 for graduation event.

2016- Present

KENNETT MIDDLE SCHOOL

Conway, NH - 8th Grade Philadelphia Trip
Fundraising to help 8th grade go to Philadelphia in Spring 2017

2016 - Present

acidoticRACING, LLC

Strafford, NH - Member, Volunteer Race Director
-Thanksgiving 5K (2016-present)

1998 -- Present

WHITE MOUNTAIN MILERS,

North Conway, NH - Member, Events Volunteer; Race Director -Thanksgiving 5K (2008-2015))

November, 2009 – December, 2014

**UNIVERSITY OF NH, COOPERATIVE EXTENSION,
CARROLL COUNTY**

Conway, NH – Chair, 2013-2014, Member, Carroll County Advisory Board

July, 2009 – December, 2012

**NH 21ST CENTURY COMMUNITY LEARNING
CENTERS,** Concord, NH - Member, Director's Group

August, 2008 – December, 2012

MADISON PARENT-TEACHER ORGANIZATION
Treasurer, 2008-2011

November, 2009 – June, 2010

CARROLL COUNTY UNITED

Tamworth, NH- Community Partner, Member, Early Childhood Readiness Workgroup

2004 – 2009

MADISON RECREATION DEPARTMENT

Madison, NH - Volunteer Soccer Coach, 2004-2008
Substitute Recreation Director, August, 2009

April, 2005 – November, 2008

**MOUNT WASHINGTON VALLEY CHILDREN'S
MUSEUM**

Intervale, NH - Vice President (Nov 2007 – Nov 2008),
Founding Board of Directors
Past Volunteer Committee Chair

Sept, 2004 – August, 2008

FRIENDS OF FAMILIES COALITION

Center Ossipee, NH - Served as President, Secretary &
Volunteer. Led meetings, events at TCCAP, Tamworth

September, 2002 – June, 2004; September, 2007 – June, 2008

MADISON PRESCHOOL

Madison, NH - Board of Directors ('07-'08), Vice-President ('03-'04)

2006 – 2008

MADISON MUSTANG ACADEMY

Madison, NH - After-School Program Leader – Spanish instruction

September, 2005 – June, 2007

WHITE MOUNTAIN WALDORF SCHOOL

Madison, NH - Member, Parent Association;
Class Parent Advisor; March, 2006 – June, 2007

1998 - 2001

CHILDREN'S HEALTH CENTER

North Conway, NH - Member, Board of Directors

References available upon request.

Granite United Way – Carroll County

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Shannon Bresaw	Vice President of Public Health	\$77,250	0%	\$0
Mary Reed	Senior Director of Public Health	\$70,040	6.8%	\$4,734
Catalina Kirsch	Continuum of Care Facilitator	\$36,050	60%	\$21,630



Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



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May 23, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

VENDOR NAME	REGION SERVED	SFY 2018	SFY 2019	TOTAL
City of Nashua	Nashua	403,322	394,322	797,644
County of Cheshire	Cheshire	290,387	290,387	580,774
Goodwin Community Health	Strafford	393,815	393,815	787,630
Granite United Way	Capital	394,453	394,453	788,906
Granite United Way	Carroll	385,649	385,649	771,298
Granite United Way	South Central	372,807	384,432	757,239
Lamprey Health Care	Seacoast	376,583	377,151	753,734
Lakes Region Partnership for Public Hlth	Winnepesaukee	388,512	388,512	777,024
Manchester Health Dept.	Manchester	583,872	583,872	1,167,744
Mary Hitchcock Mem Hsp	Sullivan	379,040	376,499	755,539
Mary Hitchcock Mem Hsp	Upper Valley	383,388	377,629	761,017
Mid-State Health Center	Central	385,391	385,391	770,782
North Country Health Consortium	North Country	473,269	473,269	946,538
		\$5,210,488	\$5,205,381	\$10,415,869

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

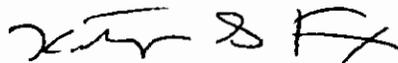
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4

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

Respectfully submitted,

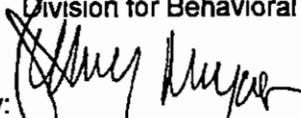


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
			Sub-Total	317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
			Sub-Total	317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
			Sub-Total	317,298
			SUB TOTAL	4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
			Sub-Total	31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
			Sub-Total	40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
			Sub-Total	204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
			Sub-Total	212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
			Sub-Total	220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



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

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jenniter Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

- Bidder Name (CORE)**
1. City of Nashua
 2. County of Cheshire
 3. Mary Hitchcock Memorial Hospital (Sullivan Co)
 4. Mary Hitchcock Memorial Hospital (Upper Valley)
 5. Goodwin Community Health
 6. Granite United Way (Carroll Co)
 7. Granite United Way (Capital Area PH)
 8. Granite United Way (South Central)
 9. Lakes Region Partnership for Public Health
 10. Lamprey Health Care
 11. Manchester Health Dept
 12. Mid-State Health Center
 13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557



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

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)
1. <u>Mary Hitchcock Memorial Hospital (Sullivan Co)</u>
2. <u>Mary Hitchcock Memorial Hospital (Upper Valley)</u>
3. <u>Goodwin Community Health</u>
4. <u>Granite United Way (Carroll Co)</u>
5. <u>Granite United Way (Capital Area PH)</u>
6. <u>Granite United Way (South Central)</u>
7. <u>Lakes Region Partnership for Public Health</u>
8. <u>Lamprey Health Care</u>
9. <u>Manchester Health Dept</u>
10. <u>Mid-State Health Center</u>
11. <u>North Country Health Consortium</u>

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

Regional Public Health Network

Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (PHEP)

1.	City of Nashua
2.	Manchester Health Dept
3.	0
4.	0
5.	0
6.	0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0

1. **Neil Twitchell, Administrator I (TECH)**
2. **Rob O'Hannon, Program Specialist III, (TECH)**
3. **Jill Burke, Chief of Prev & Ed Svcs (TECH)**
4. **Valerie Morgan, Administrator II (TECH)**
5. **Jennifer Schirmer, Administrator I (TECH)**
6. **Shelley Swanson, Administrator III, (COST)**
7. **Laurie Heath, Administrator II (COST)**
8. **Phillip Nadeau, Administrator III (COST)**

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-05

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite United Way (Carroll County Region)		1.4 Contractor Address 46 S. Main Street Concord, NH 03301	
1.5 Contractor Phone Number 603-224-2595 ext 228	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$771,298
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Patrick Tufts</i>		1.12 Name and Title of Contractor Signatory <i>Patrick Tufts, President & CEO</i>	
1.13 Acknowledgement: State of <i>New Hampshire</i> , County of <i>Merrimack</i> On <i>May 10, 2017</i> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>Shelley Lyn Ryan</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Shelley Lyn Ryan, Notary</i>			
1.14 State Agency Signature <i>Lisa Morris</i> Date: <i>5/23/17</i>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form Substance and Execution) (if applicable) By: <i>[Signature]</i> On: <i>6/5/17</i>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.



Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures



Exhibit A

5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

- 1) Number of individuals served or reached
- 2) Demographics
- 3) Strategies and activities per IOM by the six (6) activity types.
- 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.

5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

5.1.5.1. Submit updated regional assets and gaps assessments as indicated.

5.1.5.2. Submit updated regional CoC development plans as indicated.

5.1.5.3. Submit quarterly reports as indicated.

5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.

5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:

- a) Number of individuals served
- b) Demographics of individuals served
- c) Types of strategies or interventions implemented
- d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions

5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

5.1.7.1. Attend Summer Start up meeting with NHIP staff.

5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.



Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,



Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.



Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
 - 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

- 7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
 - 7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
 - 7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 19,230.00	\$ 962.00	\$ 20,192.00
2. Employee Benefits	\$ 5,370.00	\$ 269.00	\$ 5,639.00
3. Consultants	\$	\$	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$	\$	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 450.50	\$ 22.50	\$ 473.00
6. Travel	\$ 1,000.00	\$ 50.00	\$ 1,050.00
7. Occupancy	\$ 625.00	\$ 31.25	\$ 656.25
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,095.00	\$ 54.75	\$ 1,149.75
9. Software	\$	\$	\$ -
10. Marketing/Communications	\$ 300.00	\$ 15.00	\$ 315.00
11. Staff Education and Training	\$ 500.00	\$ 25.00	\$ 525.00
12. Subcontracts/Agreements	\$	\$	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 26,467.00	\$ 3,533.00	\$ 30,000.00

Indirect As A Percent of Direct

13.3%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Carroll County Region

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 19,230.00	\$ 962.00	\$ 20,192.00
2. Employee Benefits	\$ 5,370.00	\$ 269.00	\$ 5,639.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 450.50	\$ 22.50	\$ 473.00
6. Travel	\$ 1,000.00	\$ 50.00	\$ 1,050.00
7. Occupancy	\$ 625.00	\$ 31.25	\$ 656.25
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,095.00	\$ 54.75	\$ 1,149.75
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 300.00	\$ 15.00	\$ 315.00
11. Staff Education and Training	\$ 500.00	\$ 25.00	\$ 525.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 28,570.50	\$ 1,429.50	\$ 30,000.00

Indirect As A Percent of Direct

\$ -

5.0%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$52,699.00	\$2,635.00	\$ 55,334.00
2. Employee Benefits	\$12,222.00	\$611.00	\$ 12,833.00
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$672.00	\$34.00	\$ 706.00
6. Travel	\$2,000.00	\$100.00	\$ 2,100.00
7. Occupancy	\$2,218.00	\$111.00	\$ 2,329.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,070.00	\$103.50	\$ 2,173.50
9. Software			\$ -
10. Marketing/Communications	\$250.00	\$12.50	\$ 262.50
11. Staff Education and Training	\$250.00	\$12.00	\$ 262.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):			\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 72,381.00	\$ 3,619.00	\$ 76,000.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$52,699.00	\$2,635.00	\$ 55,334.00
2. Employee Benefits	\$12,222.00	\$611.00	\$ 12,833.00
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$672.00	\$34.00	\$ 706.00
6. Travel	\$2,000.00	\$100.00	\$ 2,100.00
7. Occupancy	\$2,218.00	\$111.00	\$ 2,329.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,070.00	\$103.50	\$ 2,173.50
9. Software			\$ -
10. Marketing/Communications	\$250.00	\$12.50	\$ 262.50
11. Staff Education and Training	\$250.00	\$12.00	\$ 262.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):			\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 72,381.00	\$ 3,619.00	\$ 76,000.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	
1. Total Salary/Wages	\$50,858.00	\$2,542.90	\$ 53,400.90
2. Employee Benefits	\$14,165.00	\$708.20	\$ 14,873.20
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00
6. Travel	\$2,050.00	\$102.50	\$ 2,152.50
7. Occupancy	\$2,218.00	\$110.90	\$ 2,328.90
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,110.00	\$105.50	\$ 2,215.50
9. Software			\$ -
10. Marketing/Communications	\$700.00	\$35.00	\$ 735.00
11. Staff Education and Training	\$800.00	\$40.00	\$ 840.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 74,401.00	\$ 3,720.00	\$ 78,121.00

Indirect As A Percent of Direct

5.0%

\$ -

Contractor Initials: _____

Date: _____

PT
5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services
Granite United Way - Carroll County
Bidder/Contractor Name: Region
Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)
Budget Period: SFY 2019

1. Total Salary/Wages	\$50,858.00	\$2,542.90	\$ 53,400.90
2. Employee Benefits	\$14,165.00	\$708.20	\$ 14,873.20
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00
6. Travel	\$2,050.00	\$102.50	\$ 2,152.50
7. Occupancy	\$2,218.00	\$110.90	\$ 2,328.90
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,110.00	\$105.50	\$ 2,215.50
9. Software			\$ -
10. Marketing/Communications	\$700.00	\$35.00	\$ 735.00
11. Staff Education and Training	\$800.00	\$40.00	\$ 840.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 74,401.00	\$ 3,720.00	\$ 78,121.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: PT
 Date: 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$52,727.00	\$2,636.35	\$ 55,363.35
2. Employee Benefits	\$14,583.00	\$729.25	\$ 15,312.25
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00
6. Travel	\$2,055.00	\$103.00	\$ 2,158.00
7. Occupancy	\$2,218.00	\$110.90	\$ 2,328.90
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,110.00	\$105.50	\$ 2,215.50
9. Software			\$ -
10. Marketing/Communications	\$700.00	\$35.00	\$ 735.00
11. Staff Education and Training	\$800.00	\$40.00	\$ 840.00
12. Subcontracts/Agreements			\$ -
13. Other (specific details mandatory):	\$-		\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 76,693.00	\$ 3,835.00	\$ 80,528.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$52,727.00	\$2,636.35	\$ 55,363.35
2. Employee Benefits	\$14,583.00	\$729.25	\$ 15,312.25
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00
6. Travel	\$2,055.00	\$103.00	\$ 2,158.00
7. Occupancy	\$2,218.00	\$110.90	\$ 2,328.90
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,110.00	\$105.50	\$ 2,215.50
9. Software			\$ -
10. Marketing/Communications	\$700.00	\$35.00	\$ 735.00
11. Staff Education and Training	\$800.00	\$40.00	\$ 840.00
12. Subcontracts/Agreements			\$ -
13. Other (specific details mandatory):	\$-		\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 76,693.00	\$ 3,835.00	\$ 80,528.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$4,948.00	\$247.60	\$ 5,195.60
2. Employee Benefits	\$1,333.00	\$66.65	\$ 1,399.65
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$195.00	\$9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$12,000.00	\$1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 18,476.00	\$ 1,524.00	\$ 20,000.00

Indirect As A Percent of Direct

8.2%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$4,948.00	\$247.60	\$ 5,195.60
2. Employee Benefits	\$1,333.00	\$66.65	\$ 1,399.65
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$195.00	\$9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$12,000.00	\$1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 18,476.00	\$ 1,524.00	\$ 20,000.00

Indirect As A Percent of Direct

8.2%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	Total
1. Total Salary/Wages	\$7,696.00	\$384.80	\$ 8,080.80
2. Employee Benefits	\$588.74	\$29.45	\$ 618.19
3. Consultants	\$0.00	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$0.00	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00
6. Travel	\$1,284.00	\$64.20	\$ 1,348.20
7. Occupancy	\$302.00	\$15.10	\$ 317.10
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$720.00	\$36.00	\$ 756.00
9. Software	\$0.00	\$ -	\$ -
10. Marketing/Communications	\$3,000.00	\$300.00	\$ 3,300.00
11. Staff Education and Training	\$0.00	\$50.00	\$ 50.00
12. Subcontracts/Agreements	\$71,454.71	\$2,500.00	\$ 73,954.71
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$86,545.45	\$3,454.55	\$90,000.00

Indirect As A Percent of Direct

4.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$7,696.00	\$384.80	\$ 8,080.80
2. Employee Benefits	\$588.74	\$29.45	\$ 618.19
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00
6. Travel	\$1,284.00	\$64.20	\$ 1,348.20
7. Occupancy	\$302.00	\$15.10	\$ 317.10
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$720.00	\$36.00	\$ 756.00
9. Software	\$-	\$-	\$ -
10. Marketing/Communications	\$3,000.00	\$300.00	\$ 3,300.00
11. Staff Education and Training		\$50.00	\$ 50.00
12. Subcontracts/Agreements	\$71,454.71	\$2,500.00	\$ 73,954.71
13. Other (specific details mandatory):	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$86,545.45	\$3,454.55	\$90,000.00

Indirect As A Percent of Direct

4.0%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$2,831.00	\$141.55	\$ 2,972.55
2. Employee Benefits	\$324.00	\$16.20	\$ 340.20
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$400.00	\$20.00	\$ 420.00
6. Travel	\$500.00	\$25.00	\$ 525.00
7. Occupancy	\$302.00	\$15.10	\$ 317.10
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$255.00	\$12.75	\$ 267.75
9. Software			\$ -
10. Marketing/Communications	\$154.50	\$7.90	\$ 162.40
11. Staff Education and Training		\$-	\$ -
12. Subcontracts/Agreements	\$5,450.00	\$545.00	\$ 5,995.00
13. Other (specific details mandatory):	\$-		\$ -
	\$-		\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 10,216.50	\$ 783.50	\$ 11,000.00

Indirect As A Percent of Direct

7.7%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$2,831.00	\$141.55	\$ 2,972.55
2. Employee Benefits	\$324.00	\$16.20	\$ 340.20
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$400.00	\$20.00	\$ 420.00
6. Travel	\$500.00	\$25.00	\$ 525.00
7. Occupancy	\$302.00	\$15.10	\$ 317.10
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$255.00	\$12.75	\$ 267.75
9. Software			\$ -
10. Marketing/Communications	\$154.50	\$7.90	\$ 162.40
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$5,450.00	\$545.00	\$ 5,995.00
13. Other (specific details mandatory):	\$ -		\$ -
	\$-		\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 10,216.50	\$ 783.50	\$ 11,000.00

Indirect As A Percent of Direct

7.7%

Contractor Initials: _____

PT

Date: _____

5-10-17



SPECIAL PROVISIONS

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

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



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

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

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



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

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



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

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

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

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

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

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

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

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

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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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

PS
5-10-17



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

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

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

[Handwritten Signature]

5-10-17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

- 2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Contractor Name: Granite United Way

5-10-17
Date

[Signature]
Name: Patrick Tufts
Title: President



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

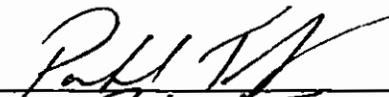
The undersigned certifies, to the best of his or her knowledge and belief, that:

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

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

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick Tufts*
Title: *President*



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

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

INSTRUCTIONS FOR CERTIFICATION

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

PS
5-10-17



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

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

PRIMARY COVERED TRANSACTIONS

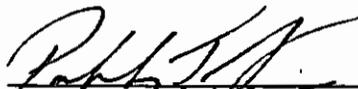
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 -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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick Tufts*
Title: *President*



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

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

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

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

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

Exhibit G

Contractor Initials PT

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

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name: Granite United Water

5-10-17
Date

[Signature]
Name: Patrick Tufts
Title: President

Exhibit G

Contractor Initials PT

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

Date 5-10-17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Granite United Way

5-10-17
Date

Patrick Tufts
Name: Patrick Tufts
Title: President



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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

[Handwritten Signature]
[Handwritten Date: 5-10-17]



Exhibit I

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

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

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

[Handwritten Signature]
5-10-17



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services

The State

Lisa Morris

Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

5/23/17

Date

Granite United Wty

Name of the Contractor

Patrick Tufts

Signature of Authorized Representative

Patrick Tufts

Name of Authorized Representative

President

Title of Authorized Representative

5-10-17

Date



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

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

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

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

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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date

Patrick Tufts
Name: *Patrick Tufts*
Title: *President*



FORM A

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

1. The DUNS number for your entity is: 1564849900000
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Granite United Way (South Central Region) (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 46 S Main Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$676,965.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
5. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

6. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
7. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
8. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

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

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

State of New Hampshire
Department of Health and Human Services

Lisa Morris
Lisa Morris
Director

6/1/18
Date

Granite United Way (South Central Region)

Patrick Tofts
Name: Patrick Tofts
Title: President & CEO

5/30/2018
Date

Acknowledgement of Contractor's signature:

State of New Hampshire, County of Hillsborough on May 30, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Kathleen A. Scallon
Signature of Notary Public or Justice of the Peace

Notary Public, Executive Assistant & Office Manager
Name and Title of Notary or Justice of the Peace

My Commission Expires: *June 24, 2022*



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



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

OFFICE OF THE ATTORNEY GENERAL

6/5/18
Date

J. Cusack
Name: Lynmarie Cusack
Title: Sr Asst AG

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

**Regional Public Health Network Services -
Budget Request for: CoC**

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,500.00	\$ 125.00	\$ 2,625.00	
2. Employee Benefits	\$ 750.00	\$ 38.00	\$ 788.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 700.00	\$ 35.00	\$ 735.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,500.00	\$ 75.00	\$ 1,575.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 31,914.00	\$ 2,500.00	\$ 34,414.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 37,364.00	\$ 2,773.00	\$ 40,137.00	

Indirect As A Percent of Direct

7.4%

RFP-2018-DPHS-01-REGION-06

Contractor Initials: PS

Date: 5/30/2018



DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



Exhibit K

DHHS Information Security Requirements

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a



Exhibit K

DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



Exhibit K

DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doiit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.



Exhibit K

DHHS Information Security Requirements

- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

State of New Hampshire

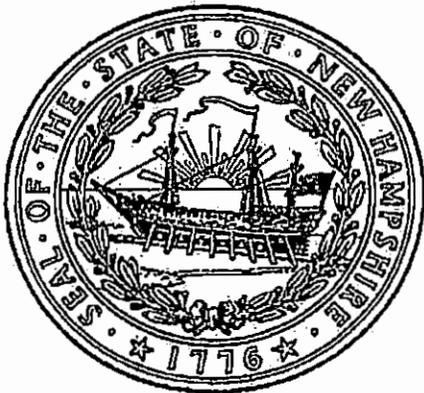
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. 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: 65650

Certificate Number : 0004094335



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2018.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Sean Owen, do hereby certify that:

1. I am a duly elected Board Chair of Granite United Way, Inc., a New Hampshire voluntary corporation; and
2. The following are true copies of two resolutions duly adopted at a meeting of the Executive Committee of the Board of Directors of the corporation, duly held on October 8, 2015;

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the President & CEO is hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Patrick Tufts is the duly elected President & CEO of the corporation.

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of the 30th day of May, 2018.

IN WITNESS WHEREOF, I have hereunto set my name as Board Chair of the Corporation hereto, affixed this 30th day of May, 2018.

Sean Owen
Signature of Elected Officer

STATE OF NEW HAMPSHIRE
County of Hillsborough

The forgoing instrument was acknowledged before me this 30th day of May, 2018.

By: Sean Owen

Kathleen A. Saylor
(Notary Public)

Commission Expires:

June 24, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Sarah Fifield PHONE (A/C No. Ext): (603) 224-2562 E-MAIL ADDRESS: sfifield@rowleyagency.com	FAX (A/C No): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE	
INSURED Granite United Way 22 Concord Street Floor 2 Manchester NH 03101	INSURER A: Hanover Ins - Bedford	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 18-19 All Lines **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZHV900337107	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ZHV900337107	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHV9003210-07	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WHV8996802-07	1/1/2018	1/1/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER State of NH, DHHS 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Sarah Fifield/MAP <i>Sarah Fifield</i>

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Granite United Way Mission

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way Vision

Granite United Way's vision is to be the preferred way people work together to build a community that values its collective responsibility to care for each other.

GRANITE UNITED WAY

FINANCIAL REPORT

MARCH 31, 2017

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on the Financial Statements

We have audited the accompanying financial statements of Granite United Way, which comprise the statement of financial position as of March 31, 2017, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of March 31, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 17, 2017 on our consideration of Granite United Way's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Granite United Way's internal control over financial reporting and compliance.

Other Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited the Granite United Way March 31, 2016 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated August 25, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended March 31, 2016 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Nathan Wechsler & Company

Concord, New Hampshire
August 17, 2017

GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION

March 31, 2017 with comparative totals as of March 31, 2016

ASSETS	2017				2016
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
CURRENT ASSETS					
Cash	\$ 449,632	\$ 277,968	\$ -	\$ 727,600	\$ 926,116
Prepaid and reimbursable expenses	53,027	-	-	53,027	38,245
Investments	465,149	-	-	465,149	463,743
Accounts and rent receivable	11,021	-	-	11,021	6,846
Contributions and grants receivable, net of allowance for uncollectible contributions 2017 \$525,727; 2016 \$499,427	-	3,796,908	-	3,796,908	3,673,854
Assets held for sale	-	-	-	-	109,568
<i>Total current assets</i>	<u>978,829</u>	<u>4,074,876</u>	<u>-</u>	<u>5,053,705</u>	<u>5,218,372</u>
OTHER ASSETS					
Property and equipment, net	1,028,071	-	-	1,028,071	1,303,019
Investments - endowment	9,792	45,686	100,397	155,875	147,597
Beneficial interest in assets held by others	-	1,691,022	-	1,691,022	1,587,401
<i>Total other assets</i>	<u>1,037,863</u>	<u>1,736,708</u>	<u>100,397</u>	<u>2,874,968</u>	<u>3,038,017</u>
<i>Total assets</i>	<u>\$ 2,016,692</u>	<u>\$ 5,811,584</u>	<u>\$ 100,397</u>	<u>\$ 7,928,673</u>	<u>\$ 8,256,389</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
ALLOCATED ANNUAL CAMPAIGN SUPPORT DESIGNATED FOR FUTURE PERIODS					
Future allocations payable	\$ 1,958,135	\$ -	\$ -	\$ 1,958,135	\$ 2,276,379
Donor-designations payable	375,152	1,109,265	-	1,484,417	1,471,061
	<u>2,333,287</u>	<u>1,109,265</u>	<u>-</u>	<u>3,442,552</u>	<u>3,747,440</u>
Current maturities of long-term debt	12,190	-	-	12,190	11,683
Funds held for others	29,420	-	-	29,420	28,960
Accounts payable	29,739	38,817	-	68,556	18,958
Accrued expenses	106,537	-	-	106,537	120,736
Deferred revenue - designation fees	44,246	-	-	44,246	47,344
<i>Total current liabilities</i>	<u>2,555,419</u>	<u>1,148,082</u>	<u>-</u>	<u>3,703,501</u>	<u>3,975,121</u>
LONG-TERM DEBT, less current maturities	227,230	-	-	227,230	239,018
COMMITMENTS (See Notes)					
NET ASSETS (DEFICIT):					
Unrestricted	(1,554,608)	-	-	(1,554,608)	(1,743,087)
Unrestricted, invested in property and equipment	788,651	-	-	788,651	1,052,318
<i>Total unrestricted net deficit</i>	<u>(765,957)</u>	<u>-</u>	<u>-</u>	<u>(765,957)</u>	<u>(690,769)</u>
Temporarily restricted	-	4,663,502	-	4,663,502	4,632,622
Permanently restricted	-	-	100,397	100,397	100,397
<i>Total net assets (deficit)</i>	<u>(765,957)</u>	<u>4,663,502</u>	<u>100,397</u>	<u>3,997,942</u>	<u>4,042,250</u>
<i>Total liabilities and net assets</i>	<u>\$ 2,016,692</u>	<u>\$ 5,811,584</u>	<u>\$ 100,397</u>	<u>\$ 7,928,673</u>	<u>\$ 8,256,389</u>

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year ended March 31, 2017 with comparative totals for the year ended March 31, 2016

	2017			2016	
	Unrestricted	Temporarily	Permanently	Total	Total
		Restricted	Restricted		
Support and revenues:					
Campaign revenue:					
Total contributions pledged	\$ -	\$ 6,847,216	\$ -	\$ 6,847,216	\$ 6,878,664
Less donor designations	-	(1,672,420)	-	(1,672,420)	(1,895,593)
Less provision for uncollectible pledges	-	(288,453)	-	(288,453)	(296,558)
Add prior years' excess provision for uncollectible pledges taken into income in current year	89,820	-	-	89,820	159,007
<i>Net campaign revenue</i>	89,820	4,886,343	-	4,976,163	4,845,520
Support:					
Sponsors and other contributions	6,548	671,390	-	677,938	716,447
Grant revenue	-	1,108,898	-	1,108,898	635,227
In-kind contributions	40,899	-	-	40,899	57,365
<i>Total support</i>	137,267	6,666,631	-	6,803,898	6,254,559
Other revenue:					
Administrative fees	60,566	-	-	60,566	58,073
Returned grants	33,575	-	-	33,575	-
Rental income	87,603	-	-	87,603	80,497
Miscellaneous income	3,023	-	-	3,023	2,776
<i>Total support and revenues</i>	322,034	6,666,631	-	6,988,665	6,395,905
Net assets released from restrictions:					
For satisfaction of time restrictions	4,792,039	(4,792,039)	-	-	-
For satisfaction of program restrictions	1,955,091	(1,955,091)	-	-	-
	7,069,164	(80,499)	-	6,988,665	6,395,905
Expenses:					
Program services	5,754,597	-	-	5,754,597	5,471,034
Support services:					
Management and general	550,755	-	-	550,755	484,246
Fundraising	948,140	-	-	948,140	753,390
<i>Total expenses</i>	7,253,492	-	-	7,253,492	6,708,670
Decrease in net assets before other activities	(184,328)	(80,499)	-	(264,827)	(312,765)
Other activities:					
Increase (decrease) in value of beneficial interest in trusts, net of fees 2017 \$11,529; 2016 \$11,422	-	103,621	-	103,621	(150,302)
Realized and unrealized gains (losses) on investments	(8,864)	5,567	-	(3,297)	(10,578)
Gain on sale of property and equipment	22,433	-	-	22,433	-
Investment income	95,571	2,191	-	97,762	93,077
<i>Total other activities</i>	109,140	111,379	-	220,519	(67,803)
<i>Net increase (decrease) in net assets</i>	(75,188)	30,880	-	(44,308)	(380,568)
Net assets (deficit), beginning of year	(690,769)	4,632,622	100,397	4,042,250	4,422,818
<i>Net assets (deficit), end of year</i>	\$ (765,957)	\$ 4,663,502	\$ 100,397	\$ 3,997,942	\$ 4,042,250

GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES

Year ended March 31, 2017 with comparative totals for the year ended March 31, 2016

	2017				2016
	Program services	Management and general	Fundraising	Total	Total
Salaries and wages	\$ 1,709,306	\$ 377,081	\$ 618,640	\$ 2,705,027	\$ 2,493,659
Payroll taxes	111,906	24,687	40,502	177,095	163,224
Employee fringe benefits	191,941	42,343	69,468	303,752	239,908
Employer 403(b) contribution	48,989	10,807	17,730	77,526	72,511
<i>Total salaries and related benefits</i>	<u>2,062,142</u>	<u>454,918</u>	<u>746,340</u>	<u>3,263,400</u>	<u>2,969,302</u>
Community Impact Grants to agencies	2,005,635	-	-	2,005,635	2,360,600
Occupancy	101,066	22,295	36,578	159,939	130,183
Grant expenses-Public Health Network	482,131	-	-	482,131	174,300
Other program services (See Note 13)	282,959	-	-	282,959	267,737
Safe Station expenses	191,490	-	-	191,490	-
211 expenses	113,823	-	-	113,823	89,218
Telephone, communications and technology	65,365	14,420	23,657	103,442	88,711
United Way Worldwide dues	49,233	10,861	17,818	77,912	67,321
Publications, printing and campaign expenses	29,714	-	44,571	74,285	76,767
Professional services	32,955	7,270	11,927	52,152	56,695
Supplies and office expense	27,668	6,103	10,013	43,784	47,050
In-kind expenses	25,844	5,701	9,354	40,899	57,365
STEAM Ahead expenses	38,897	-	-	38,897	27,508
Insurance	22,491	4,962	8,140	35,593	35,552
Travel	18,251	4,026	6,605	28,882	30,950
Volunteer Income Tax Assistance expenses	27,234	-	-	27,234	27,816
Conferences, training and meetings	17,021	3,755	6,160	26,936	16,276
Community needs assessment	25,000	-	-	25,000	12,500
Special events	19,418	1,600	2,625	23,643	16,632
Miscellaneous	14,628	3,228	5,295	23,151	17,554
Postage	10,058	2,219	3,640	15,917	14,556
Other dues and awards	5,496	1,213	1,989	8,698	11,250
Community impact expenses	8,151	-	-	8,151	5,501
Investment fees	1,381	304	499	2,184	4,930
<i>Total expenses before interest and depreciation</i>	<u>5,678,051</u>	<u>542,875</u>	<u>935,211</u>	<u>7,156,137</u>	<u>6,606,274</u>
Interest expense	8,683	894	1,467	11,044	11,315
Depreciation	67,863	6,986	11,462	86,311	91,081
<i>Total functional expenses</i>	<u>\$ 5,754,597</u>	<u>\$ 550,755</u>	<u>\$ 948,140</u>	<u>\$ 7,253,492</u>	<u>\$ 6,708,670</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended March 31, 2017 and 2016

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	\$ 7,150,826	\$ 7,236,918
Cash received from grantors	1,108,898	635,227
Administrative fees	57,468	62,579
Other cash received	120,026	83,682
Cash received from trust	74,157	73,308
Designations paid	(1,659,064)	(1,728,531)
Net cash (paid) received for funds held for others	460	(37,796)
Cash paid to agencies	(2,271,239)	(2,333,702)
Cash paid to suppliers, employees, and others	(5,099,556)	(4,017,957)
<i>Net cash used in operating activities</i>	<u>(518,024)</u>	<u>(26,272)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of property and equipment	363,739	-
Purchase of property and equipment	(43,102)	(51,127)
Proceeds from sale of investments	10,152	12,249
<i>Net cash provided by (used in) investing activities</i>	<u>330,789</u>	<u>(38,878)</u>
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayments of long-term debt	(11,282)	(10,944)
<i>Net decrease in cash</i>	<u>(198,517)</u>	<u>(76,094)</u>
Cash, beginning of year	926,116	1,002,210
<i>Cash, end of year</i>	<u>\$ 727,599</u>	<u>\$ 926,116</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS (CONTINUED)
 Years Ended March 31, 2017 and 2016

	2017	2016
RECONCILIATION OF DECREASE IN NET ASSETS TO NET CASH USED IN OPERATING ACTIVITIES		
Decrease in net assets	\$ (44,308)	\$ (380,568)
Adjustments to reconcile decrease in net assets to net cash used in operating activities:		
Realized and unrealized loss on investments	3,297	10,578
Gain on sale of property and equipment	(22,433)	-
Reinvested interest and dividends	(23,133)	(14,942)
Depreciation	86,311	91,081
Prior years' excess provision for uncollectible pledges	(89,820)	(159,007)
(Increase) decrease in accounts and rent receivable	(4,175)	409
(Increase) decrease in prepaid and reimbursable expenses	(14,782)	182,722
Increase in contributions receivable	(33,234)	(230)
(Increase) decrease in value of beneficial interest in assets held by others	(103,621)	150,302
Increase (decrease) in allocated annual campaign	(304,888)	154,555
Increase (decrease) in funds held for others	460	(37,796)
Decrease in grants payable	-	(22,000)
Increase in accounts payable	49,600	13,047
Decrease in accrued expenses	(14,199)	(18,929)
Increase (decrease) in deferred revenue	(3,098)	4,506
<i>Net cash used in operating activities</i>	<u>\$ (518,023)</u>	<u>\$ (26,272)</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:		
Interest expense	\$ 11,044	\$ 11,315

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities

Granite United Way (the "United Way") was formed on July 1, 2010, as the result of a merger of four local not-for-profit entities – Heritage United Way, Inc., United Way of Merrimack County, North Country United Way and Upper Valley United Way. All of these entities shared the common goal to raise and distribute funds for the community's needs. This merger allows for shared resources and reduction in overhead in order to increase impact in the communities the United Way serves.

On February 1, 2012, the United Way acquired the assets and assumed the liabilities of United Way of Northern New Hampshire. On January 1, 2013, the United Way acquired the assets and assumed the liabilities of Lakes Region United Way.

The United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by the United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay the United Way's operating expenses. Donors may designate their pledges to support a region of the United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as temporarily restricted in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

The United Way invests in the community through three different vehicles:

March 31,	2017	2016
Community Impact Awards to partner agencies	\$ 2,005,635	\$ 2,360,600
Donor designated gifts to Health and Human Service agencies	1,672,420	1,895,593
Granite United Way Program services	3,748,962	3,110,434
<i>Total</i>	<u>\$ 7,427,017</u>	<u>\$ 7,366,627</u>

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the United Way have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at March 31, 2017 and 2016.

Basis of presentation: The United Way accounts for contributions received in accordance with the FASB Accounting Standards Codification topic for revenue recognition (FASB ASC 958-605) and contributions made in accordance with FASB ASC 958-720-25 and FASB ASC 958-310. In accordance with FASB ASC 958-605-25, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. In addition, FASB ASC 958-310 requires that unconditional promises to give (pledges) be recorded as receivables and recognized as revenues.

The United Way adheres to the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the United Way is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Descriptions of the three net asset categories are as follows:

Unrestricted net assets include both undesignated and designated net assets, which are the revenues not restricted by outside sources and revenues designated by the Board of Directors for special purposes and their related expenses.

Temporarily restricted net assets include gifts and pledges for which time restrictions or donor-imposed restrictions have not yet been met and donor designations payable associated with uncollected pledges. Temporarily restricted net assets also include the beneficial interest in assets held by others and the accumulated appreciation related to permanently restricted endowment gifts, which is a requirement of FASB ASC 958-205-45.

Permanently restricted net assets include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof be made available for program operations in accordance with donor restrictions.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of \$288,453 and \$296,558 for the campaign years ended March 31, 2017 and 2016, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both years ended March 31, 2017 and 2016.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Deferred revenue: The United Way charged a 10% administrative fee on the State Campaign designations for both years ended March 31, 2017 and 2016. The United Way charged 5% on most other designations for both of the years ended March 31, 2017 and 2016.

These administrative fees are recognized in the post campaign years, as this is the year they are available to offset administrative expenses.

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, call center space, gift certificates, materials and other items, amounting to \$40,899 and \$57,365 have been reflected at fair value in the financial statements for the years ended March 31, 2017 and 2016, respectively.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The cost of providing the various programs and other activities has been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Property and equipment: Property and equipment are included in unrestricted net assets and are carried at cost if purchased and fair value if contributed. Maintenance, repairs and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of \$1,000.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements.....	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at March 31, 2017, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to \$250,000. Amounts included in cash in excess of federally insured limits were approximately \$182,000 at March 31, 2017.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2014.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 – inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.
- Level 2 – inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2017:

	Level 1	Level 2	Level 3
Money market funds	\$ 81,311	\$ 12,250	\$ -
Mutual funds:			
Domestic equity	55,025	-	-
Fixed income	250,459	-	-
Other	5,065	-	-
Fixed income funds	181,537	-	-
Municipal bonds	-	10,765	-
Corporate bonds	-	24,736	-
Beneficial interest in assets held by others	-	-	1,691,022
<i>Total</i>	<u>\$ 573,397</u>	<u>\$ 47,751</u>	<u>\$ 1,691,022</u>

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2016:

	Level 1	Level 2	Level 3
Money market funds	\$ 79,529	\$ 6,384	\$ -
Mutual funds:			
Domestic equity	89,491	-	-
International equity	4,188	-	-
Fixed income	247,901	-	-
Other	5,164	-	-
Fixed income funds	143,747	-	-
Municipal bonds	-	11,057	-
Corporate bonds	-	25,552	-
Beneficial interest in assets held by others	-	-	1,587,401
<i>Total</i>	<u>\$ 570,020</u>	<u>\$ 42,993</u>	<u>\$ 1,587,401</u>

	Beneficial interest in assets held by others
<i>Balance, April 1, 2015</i>	\$ 1,737,703
Total unrealized losses, net of fees, included in changes in temporarily restricted net assets	(150,302)
<i>Balance, March 31, 2016</i>	<u>\$ 1,587,401</u>
Total unrealized gains, net of fees, included in changes in temporarily restricted net assets	103,621
<i>Balance, March 31, 2017</i>	<u>\$ 1,691,022</u>
Amount of unrealized gains, net of fees, attributable to change in unrealized gains relating to assets still held at the reporting date included in the statement of activities and changes in net assets	<u>\$ 103,621</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources. The fair value of investments in money market funds is based upon the net asset values determined by the underlying investments in which the funds invest.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at March 31, 2017 and 2016.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

Property and equipment, at cost, at March 31,	2017	2016
Land, buildings and building improvements	\$ 1,078,962	\$ 1,708,167
Leasehold improvements	5,061	5,061
Furniture and equipment	422,614	398,497
<i>Total property and equipment</i>	1,506,637	2,111,725
Less accumulated depreciation	(478,566)	(808,706)
<i>Total property and equipment, net</i>	\$ 1,028,071	\$ 1,303,019

Note 5. Assets Held for Sale

During the year ended March 31, 2016, the United Way made the decision to sell their property in Concord, New Hampshire which was sold during June 2016.

Assets held for sale consisted of the following at March 31,	2017	2016
Building	\$ -	\$ 89,781
Building improvements	-	19,787
<i>Total assets held for sale</i>	\$ -	\$ 109,568

Note 6. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The distributions are approximately 4.03% of the market value of each fund per year.

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$69,677 and \$68,879 from the agency endowed funds during the years ended March 31, 2017 and 2016, respectively.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way.

The distributions are approximately 4.2% of the market value of the fund per year. These funds are not included in these financial statements, since all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$4,480 and \$4,429 from the designated funds during the year ended March 31, 2017 and 2016, respectively. The market value of these fund's assets amounted to approximately \$109,000 and \$102,000 as of March 31, 2017 and 2016, respectively.

Note 7. Long-term Debt

<u>Long-term debt at March 31,</u>	<u>2017</u>	<u>2016</u>
4.25% mortgage financed with a local bank. The note is due in monthly installments of principal and interest of \$1,837 through December 2031. The note is collateralized by the United Way's building located in Plymouth, NH.	\$ 239,420	\$ 250,701
Less portion payable within one year	12,190	11,683
<i>Total long-term debt</i>	<u>\$ 227,230</u>	<u>\$ 239,018</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The scheduled maturities of long-term debt at March 31, 2017 were as follows:

<u>Year Ending March 31,</u>		
2018		\$ 12,190
2019		12,718
2020		13,269
2021		13,844
2022		14,444
Thereafter		172,955
<i>Total</i>		<u>\$ 239,420</u>

The mortgage note with Franklin Savings Bank contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

Note 8. Funds Held for Others

The United Way held funds for others for the following projects:

<u>March 31,</u>		<u>2017</u>	<u>2016</u>
Concord Multicultural Project Fund	\$	17,256	\$ 17,571
Working Bridges Loans		4,642	-
Friendship Bench		3,435	-
Mayor's Prayer Breakfast		2,625	10,472
Get Moving Manchester		1,248	748
Better Together		214	169
<i>Total</i>		<u>\$ 29,420</u>	<u>\$ 28,960</u>

Note 9. Endowment Funds and Net Assets

The United Way adheres to the Other Presentation Matters section of the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205-45).

FASB ASC 958-205-45 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

FASB ASC 958-205-45 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. The United Way's endowment consists of three individual funds established for youth programs, Whole Village and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including those funds designated by the Board of Directors, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the United Way has interpreted UPMIFA as allowing the United Way to appropriate for expenditure or accumulate so much of an endowment fund as the United Way determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

As a result of this interpretation, the United Way classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the United Way in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the United Way, and (7) the investment policies of the United Way.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk.

Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Endowment net asset composition by type of fund as of March 31, 2017 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 45,686	\$ 100,397	\$ 146,083
Board-designated endowment funds	9,792	-	-	9,792
	<u>\$ 9,792</u>	<u>\$ 45,686</u>	<u>\$ 100,397</u>	<u>\$ 155,875</u>

Changes in the endowment net assets as of March 31, 2017 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2016	\$ 9,272	\$ 37,928	\$ 100,397	\$ 147,597
Investment return:				
Investment income	147	2,191	-	2,338
Net appreciation (realized and unrealized)	373	5,567	-	5,940
Total investment return	<u>520</u>	<u>7,758</u>	<u>-</u>	<u>8,278</u>
Endowment net assets, March 31, 2017	<u>\$ 9,792</u>	<u>\$ 45,686</u>	<u>\$ 100,397</u>	<u>\$ 155,875</u>

Endowment net asset composition by type of fund as of March 31, 2016 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 37,928	\$ 100,397	\$ 138,325
Board-designated endowment funds	9,272	-	-	9,272
	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Changes in the endowment net assets as of March 31, 2016 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2015	\$ 9,162	\$ 36,305	\$ 100,397	\$ 145,864
Investment return:				
Investment income	195	2,889	-	3,084
Net depreciation (realized and unrealized)	(85)	(1,266)	-	(1,351)
Total investment return	110	1,623	-	1,733
Endowment net assets, March 31, 2016	\$ 9,272	\$ 37,928	\$ 100,397	\$ 147,597

Income from permanently restricted net assets is available for the following purposes:

March 31,	2017	2016
General operations	\$ 14,930	\$ 14,930
Youth programs	11,467	11,467
General operations of Whole Village	74,000	74,000
<i>Total permanently restricted net assets</i>	<u>\$ 100,397</u>	<u>\$ 100,397</u>

Temporarily restricted net assets consisted of support and other unexpended revenues and represent the following:

March 31,	2017	2016
Contributions receivable related to campaigns	\$ 3,463,393	\$ 3,541,854
Designations payable to other agencies and United Ways	(1,109,265)	(1,080,514)
CDFA contributions receivable and funds for the Bridge House and Whole Village Family Resource Center upgrades	267,822	132,000
Public Health Network services	161,508	99,025
STEAM Ahead	62,109	27,084
Working Bridges	37,215	16,279
Safe Station	24,510	-
Concord Cold Weather Shelter	16,522	31,080

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Other programs	2,980	-
211 Program	-	225,227
Volunteer Income Tax Assistance program	-	15,258
Agency endowed funds at the New Hampshire Charitable Foundation	1,691,022	1,587,401
Portion of perpetual endowment funds subject to time restriction under UPMIFA	45,686	37,928
<i>Total temporarily restricted net assets</i>	<u>\$ 4,663,502</u>	<u>\$ 4,632,622</u>

The United Way was awarded up to \$257,500 in Community Development Investment Program Funds by the Community Development Finance Authority ("CDFA") for upgrades and clean energy improvements to the Bridge House and Whole Village Family Resource Center in Plymouth. During the years ended March 31, 2017 and 2016, the CDFa accepted \$321,875 in donations from area businesses, resulting in net tax proceeds to the United Way of \$257,500 to benefit the project. As of March 31, 2017, the outstanding balance amounted to \$125,500 which is included in contributions receivable at March 31, 2017.

Note 10. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the years ended March 31, 2017 and 2016, the United Way contributed \$77,526 and \$72,511, respectively to employees participating in the plan.

Note 11. Lease Commitments

During the year ended March 31, 2017, the United Way entered into an operating lease agreement for a three year term commencing November 1, 2016 through October 31, 2019 for the office space in Concord, New Hampshire. The lease requires monthly payments of \$3,080 through October 31, 2017. The rent will then be increased by 3% annually on each anniversary date of the lease. Subsequent to year end, the lease was amended with the term ending September 1, 2017.

During the year ended March 31, 2017, the United Way entered into an operating lease agreement for a five year term commencing July 15, 2016 through June 30, 2021 for the office space in Manchester, New Hampshire. The lease requires monthly payments of \$5,566 through June 30, 2017. The rent will then be increased by 3% annually on each anniversary date of the lease.

Total rent expense for these leases amounted to approximately \$63,000 and \$46,000 for the years ended March 31, 2017 and 2016, respectively.

The United Way leases a copy machine under the terms of an operating lease. The monthly lease payment amount is \$170. The lease expense amounted to \$2,036 for both years ended March 31, 2017 and 2016.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The United Way's future minimum lease commitments are as follows:

<u>Year ending March, 31</u>	<u>Total</u>
2018	\$ 85,731
2019	71,362
2020	72,454
2021	74,628
2022	18,793
<i>Total</i>	<u>\$ 322,968</u>

Note 12. Commitments

The United Way does not own the land on which their building in Laconia, New Hampshire is located. The United Way is part of a condominium association to which they pay quarterly dues that fund certain maintenance costs. For the years ended March 31, 2017 and 2016, the dues amounted to \$3,325.

In Plymouth, the United Way rents space in a building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from \$125 to \$1,500 per month. For the years ended March 31, 2017 and 2016, the rental income amounted to \$70,003 and \$59,102, respectively. The United Way also provides space at no charge to one tenant in the Plymouth, New Hampshire building for affordable childcare services in support of its mission to provide services, support and resources to develop strong families, confident parents and healthy children.

Note 13. Other Program Services

Other program services included in the accompanying statement of functional expenses include expenses for the following programs:

<u>Year ending March 31,</u>	<u>2017</u>	<u>2016</u>
AmeriCorps Planning Grant	\$ 20,913	\$ -
Bring It Program	25,293	38,636
Carroll County United	10,035	3,672
Concord Cold Weather Shelter	49,558	21,520
Curcuru Community Service Fund	-	1,829
Financial Stability Program	86	1,692
Homeless Service Center expenses	-	6,000
Northern NH direct client services	2,250	16,663
Other program services	14,584	9,997
Service Learning Partnership	45,000	45,000
Whole Village Family Resource Center	115,240	122,728
<i>Total</i>	<u>\$ 282,959</u>	<u>\$ 267,737</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 14. Payment to Affiliated Organizations and Related Party

The United Way paid dues to United Way of Worldwide. The United Way's dues paid to this affiliated organization aggregated \$77,912 and \$67,321 for the years ended March 31, 2017 and 2016, respectively.

Note 15. Reclassifications

Certain reclassifications have been made to the March 31, 2016 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

Note 16. Subsequent Events

The United Way has evaluated subsequent events through August 17, 2017, the date which the financial statements were available to be issued, and have not evaluated subsequent events after that date. Subsequent to year end, one of the United Way's leases was amended as described in Note 11. There were no other subsequent events that would require disclosure in financial statements for the year ended March 31, 2017.

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 MERRIMACK COUNTY REGION
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Blueberry Express Day Care	\$ 33,000
Boys and Girls Clubs of Central New Hampshire	25,000
Community Action Program	9,000
Community Bridges	25,000
Concord Coalition to End Homelessness	20,000
Concord Family YMCA:	
Child Development Center	30,000
Kydstop-Camp	10,000
Girls Incorporated of New Hampshire	9,000
Health First Family Care Center	25,000
Merrimack Valley Day Care	90,000
NH Legal Assistance	60,000
NH Pro Bono Referral System	18,000
Penacook Community Center	35,487
Pittsfield Youth Workshop	30,000
Second Start:	
Adult Education	15,000
First Start Children's Center and Second Start Alternative High School	15,000
The Friends Program:	
Emerging Housing	35,000
Foster Grandparents	18,000
The Mayhew Program	12,500
	<u>\$ 514,987</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTH COUNTRY REGION
Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Boys and Girls Club of the North Country	\$ 10,000
Community Action Program	1,000
Copper Cannon Camp	4,000
Family Resource Center at Gorham	1,500
Grafton County Senior Citizens:	
Aging Services	9,800
RSVP Bone Builders	5,977
Service Link	2,900
NH Legal Assistance	5,000
Northern Human Services	3,000
Tri-County Community Action Program	4,000
	<u>\$ 47,177</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 UPPER VALLEY REGION
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Child and Family Services of New Hampshire:	
Behavioral Health	\$ 12,500
Safe Visitation Program	20,000
Child Care Center in Norwich	5,250
Child Care Resource	2,325
Community Action Program Belknap	1,000
Copper Cannon Camp	1,000
Cover Home Repair	11,000
Dismas of Vermont	6,000
Girls Incorporated of New Hampshire	3,500
Global Campuses Foundation	5,000
Good Beginnings, Inc.	2,149
Good Neighbor Health Clinic/Red Logan Dental Clinic	7,596
Grafton County Senior Citizens Council	6,500
Green Mountain Children's Center	15,000
Hartford Community Restorative Justice Center	9,500
Headrest, Inc.	10,000
HIV/HCV Resource Center	3,500
Maple Leaf Children's Center, Inc.	1,000
Mt. Ascutney Hospital and Health Center	8,000
NH Legal Assistance	2,000
Ohana Family Camp	2,500
Ottauquechee Health Foundation, Inc.	10,500
Safeline, Inc.	7,000
Second Wind Foundation:	
Community Education and Advocacy	5,000
Turning Point Recovery Center	10,000
Willow Grove	9,000
Springfield Family Center	10,000
Southeastern Vermont Community Action	18,000

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 UPPER VALLEY REGION (CONTINUED)
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
The Children's Center of the Upper Valley	\$ 15,000
The Family Place	8,000
The Mayhew Program	4,000
Twin Pines Housing Trust:	
Affordable Housing	17,500
Support and Services at Home	10,000
Upper Valley Haven:	
Community Services Program	12,500
Shelter Services Program	16,000
Upper Valley Trails Alliance	1,750
Valley Court Diversion Program	11,335
Visions for Creative Housing Solutions	3,000
Visiting Nurse Association and Hospice for VT and NH	4,000
West Central Behavioral Health	10,500
Willing Hands - Feeding Hungry Neighbors	10,000
Windham and Windsor Housing Trust	5,392
Windsor County Partners:	
Lunch Program	1,800
Partners Always Lend Support Program	2,232
WISE:	
Crisis Intervention and Support Services	15,000
Emergency Shelter and Housing	5,500
Prevention and Education Program	7,500
Zack's Place Vermont	5,000
	<u>\$ 370,829</u>
	<u>Emerging Opportunity Grants</u>
Headrest, Inc.	\$ 10,000
Springfield Turning Point	7,500
	<u>\$ 17,500</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 SOUTHERN REGION
 Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Boys and Girls Club of Salem	\$ 28,000
Child and Family Services of New Hampshire	22,662
City Year New Hampshire	45,000
Easter Seals New Hampshire, Inc.	40,000
Girls Incorporated of New Hampshire	20,000
Granite YMCA and Boys and Girls Club of Manchester:	
Youth Engagement Collective Impact	37,500
Power Scholars Summer Collaborative	25,000
Greater Derry Community Health	30,000
International Institute of New Hampshire	15,000
Manchester Community Health Center	40,000
Manchester Community Music School	10,000
Manchester Neighborhood Health Improvement Strategy:	
Building Adult Capacities Collaborative	180,000
Care Coordination and Case Management	170,000
Childhood Resiliency and Care Coordination	55,000
NH Legal Assistance	20,000
Serenity Place:	
Wrap Around Services	20,000
The Mayhew Program	10,000
The Upper Room, A Family Resource Center	20,000
YWCA New Hampshire	40,000
	<hr/>
	\$ 828,162
	<hr/>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTHERN REGION
Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Community Action Program Belknap-Merrimack Counties, Inc.	\$ 500
Coos County Coalition Project	2,500
Coos County Family Health Services, Inc.	4,000
Copper Cannon Camp	2,500
Harvest Christian Fellowship:	
Community Café	3,008
Feeding Hope Food Pantry	4,300
Helping Hands North, Inc.	3,000
NH JAG	3,000
NH Legal Assistance	2,500
North Conway Community Center	1,152
Northern Human Services	6,500
Ohana Family Camp	1,500
The Family Resource Center at Gorham	2,500
Tri-County Community Action Program	6,500
	<hr/>
	\$ 43,460

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS

CENTRAL REGION

Year Ended March 31, 2017

	<u>Community Impact Awards</u>
Boys and Girls Clubs of Central New Hampshire Circle Program	\$ 16,520 5,000
Grafton County Senior Citizens Council, Inc.	2,000
Health First Family Care Center	20,000
Laconia Area Community Land Trust	20,000
Lakes Region Child Care Services	40,000
Lakes Region Community Services	20,000
New Beginnings Without Violence and Abuse	5,000
NH JAG	10,000
Salvation Army	10,000
The Mayhew Program	5,000
Voices Against Violence	5,000
	<hr/> <u>\$ 158,520</u> <hr/>

GRANITE UNITED WAY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended March 31, 2017

Federal Grantor Pass-through Grantor Program Title	Federal CFDA Number	Federal Expenditures
Regional Public Health Network Services Cluster		
<u>U.S. Department of Health and Human Services</u>		
State of N.H. Department of Health and Human Services - South Central Public Health Network		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	\$ 133,765
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	84,515
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	51,059
Substance Abuse and Mental Health Services	93.243	-
<i>Total State of N.H. Department of Health and Human Services - South Central Public Health Network</i>		<u>269,339</u>
State of N.H. Department of Health and Human Services - Capital Area Public Health Network		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	146,866
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	65,598
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	31,242
Substance Abuse and Mental Health Services	93.243	-
Immunization Cooperative Agreements	93.268	9,485
<i>Total State of N.H. Department of Health and Human Services - Capital Area Public Health Network</i>		<u>253,191</u>
State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health		
Block Grants for Prevention and Treatment of Substance Abuse	93.959	105,514
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	100,471
Public Health Emergency Preparedness	93.069	-
Preventive Health and Health Services Block Grant	93.758	42,325
Substance Abuse and Mental Health Services	93.243	-
Immunization Cooperative Agreements	93.268	8,106
<i>Total State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health</i>		<u>256,416</u>
		<u>778,945</u>
<u>U.S. Internal Revenue Services</u>		
Department of the Treasury		
Volunteer Income Tax Assistance (VITA) Matching Grant Program	21.009	53,932
<u>Corporation for National and Community Service</u>		
AmeriCorps State and National		
AmeriCorps	94.006	20,588
<u>U.S. Department of Health and Human Services</u>		
Office of the Secretary		
Pregnancy Assistance Fund Program	93.500	4,345
		<u>\$ 857,810</u>

The accompanying notes are an integral part of this schedule.

GRANITE UNITED WAY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Note 1. Basis of Presentation

The Schedule of Expenditures of Federal Awards ("the Schedule") includes the federal grant activity of Granite United Way ("the United Way"), under programs of the federal government for the year ended March 31, 2017. The information in this schedule is presented in accordance with the requirements of the Office of Management and Budget (OMB) *Uniform Guidance*. Because the schedule presents only a selected portion of the operations of the United Way, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the United Way.

Note 2. Basis of Accounting

This schedule is prepared on the same basis of accounting as the United Way's financial statements. The United Way uses the accrual basis of accounting. Expenditures represent only the federally funded portions of the program. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Note 3. Program Costs

The amounts shown as current year expenditures represent only the federal grant portion of the program costs. Entire program costs could be more than shown. Such expenditures are recognized following, as applicable, either the cost principles in the OMB Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 4. Major Programs

In accordance with OMB Uniform Guidance, major programs are determined using a risk-based approach. Programs in the accompanying Schedule are determined by the independent auditor to be major programs.

Note 5. Indirect Cost Rate

The United Way has elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance. The United Way did not charge any indirect costs to the federal grants.



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Granite United Way as of and for the year ended March 31, 2017, and the related notes to the financial statements, which collectively comprise Granite United Way's basic financial statements, and have issued our report thereon dated August 17, 2017.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Arthur Wechsler & Company

Concord, New Hampshire
August 17, 2017



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM
GUIDANCE**

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on Compliance for Each Major Federal Program

We have audited Granite United Way's compliance with the types of compliance requirements described in the U.S. *Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of Granite United Way's major federal programs for the year ended March 31, 2017. Granite United Way's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with the requirements of federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Granite United Way's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Granite United Way's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program

In our opinion, Granite United Way complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended March 31, 2017.

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Report on Internal Control over Compliance

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

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified.

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

Nathan Wechsler & Company

Concord, New Hampshire
August 17, 2017

GRANITE UNITED WAY
 SCHEDULE OF FINDINGS AND QUESTIONED COSTS
 (UNIFORM GUIDANCE)
 YEAR ENDED MARCH 31, 2017

Section I: Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: *unmodified*

Internal control over financial reporting:

Are any material weaknesses identified?	___ Yes	_X_ No	
Are any significant deficiencies identified?	___ Yes	_X_ None	
Is any noncompliance material to financial statement noted?	___ Yes	_X_ No	

Federal Awards

Internal control over major federal programs:

Are any material weaknesses identified?	___ Yes	_X_ No	
Are any significant deficiencies identified?	___ Yes	_X_ None	
Type of auditor's report issued on compliance for major federal programs:	<i>unmodified</i>		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	___ Yes	_X_ No	
Identification of major federal programs:			
CFDA Numbers	Name of federal program or cluster		
93.959 - Block Grants for Prevention and Treatment of Substance Abuse			
93.074 - Hospital Preparedness Program and Public Health Emergency Preparedness Aligned Cooperative Agreements			
93.069- Public Health Emergency Preparedness			
93.758 - Preventive Health and Health Services Block Grant			
93.243 - Substance Abuse and Mental Health Services			
93.268 - Immunization Cooperative Agreements			
Dollar threshold used to distinguish between type A and type B programs:	\$750,000		
Auditee qualified as a low-risk auditee?	___ Yes	_X_ No	

2018 Board of Directors with Terms

BOARD MEMBER	REGION	TERM
John Mercier	Southern	2018 – 2 nd term ends
Sean Owen	Southern	2018 – 2 nd term ends
Gary Shirk	Merrimack County	2018 – 2 nd term ends
Evan Smith	Upper Valley	2018 – 2 nd term ends
Jim Scammon	Merrimack County	2018 – 2 nd term ends
Dean Christon	Southern	2018 – 2 nd term ends
Gordon Ehret	Upper Valley	2018 – 2 nd term ends
Bill Bedor	North Country	2019 – 2 nd term ends
Nannu Nobis	Merrimack County	2019 – 2 nd term ends
Jeff Savage	Merrimack County	2019 – 2 nd term ends
Rod Tenney	Merrimack County	2019 – 2 nd term ends
Jeremy Veilleux	Southern	2019 – 2 nd term ends
Steve Webb	Southern	2019 – 2 nd term ends
Jason Cole	Southern	2020 – 2 nd term ends
Heather Lavoie	Merrimack County	2020 – 2 nd term ends
Anna Thomas	Southern	2020 – 2 nd term ends
Joe Purington	Southern	2018 – 1 st term ends
Michael Delahanty	Southern	2018 – 1 st term ends
Sue Ruka	Central	2018 – 1 st term ends
Marlene Hammond	Merrimack County	2019 – 1 st term ends
Charla Stevens	Southern	2019 – 1 st term ends
Cass Walker	Central	2019 – 1 st term ends
Robert Tourigny	Southern	2019 – 1 st term ends
Rick Wyman	Central	2019 – 1 st term ends
Sally Kraft	Upper valley	2020 – 1 st term ends
Joe Carelli	Southern	2020 – 1 st term ends
Paul Falvey	Central	2020 – 1 st term ends
Paul Mertzic	Southern	2020 – 1 st term ends
Charlie Head	Merrimack County	2020 – 1 st term ends
Larry Major	Central	2020 – 1 st term ends
Kathy Bizarro-Thunberg	Merrimack County	2020 – 1 st term ends
Lori Langlois	Northern	2020 – 1 st term ends
Tony Speller	Southern	2020 – 1 st term ends
Joe Kenney	Merrimacy County	2021 – 1 st term ends

5/15/2018




SHANNON SWETT BRESAW, MSW

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts - Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE

2007 - Present

Granite United Way

Concord, NH

Vice President of Public Health

Accomplishments:

- Provides contract management and oversight to 3 out of the 13 Regional Public Health Networks in NH, including the Capital Area Public Health Network, the Carroll County Coalition for Public Health and the South Central Public Health Network
- Oversees scopes of work in Substance Misuse Prevention, Continuum Of Care for Substance Use Disorders development, Public Health Emergency Preparedness, Public Health Advisory Council development, and School-Based Influenza Clinics
- Provides direction and leadership towards achievement of each Network's philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, and community/public relations
- Coordinates all aspects of federal, state, and local grants and contracts, including resource development/grant-writing, financial oversight, progress reports, work plan goals/objectives
- Oversees the Strategic Prevention Framework process (assessment, capacity building, planning, implementation, evaluation, cultural competency, and sustainability) for regional public health and prevention efforts
- Develops community health improvement plans, evaluation plans, and other data-driven, research-informed strategic plans for the Networks
- Works with community impact committees and volunteers through Granite United Way to align funding streams to support collective impact initiatives
- Provides technical assistance and support to community stakeholders in the areas of grant writing, evaluation, community organizing, research/best practices, substance misuse prevention, and coalition development
- Supervises full and part-time staff

2005 – 2007 Community Response (CoRe) Coalition Belknap County, NH
Outreach Coordinator, Project Director

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005 Caring Community Network of the Twin Rivers (CCNTR) Franklin, NH
Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

Prevention Task Force of the Governor's Commission (Co-Chair): 2017 - Current
NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016 – Current
NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-Current
NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015
NH Prevention Certification Board's Peer Review Committee: 2009-2011

Professional Profile

- Coalition Building
- Plan Development
- Resource Coordination
- Logistics
- Time management
- Budgeting
- Volunteer Management
- Grant/Proposal Writing
- Organization
- Leadership

Professional Accomplishments

Public Health

- Provide direction and leadership towards achievement of the Public Health Regions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations

Regional Resource Coordination

- Collected and disseminated data on available resources critical for response to public health emergency.
- Developed working relationship with stakeholders in Public Health Region.

Public Health Coalition

- Regional Public Health Emergency Response Annex development
- Resource Coordination and Development
- Healthcare Coalition Building
- Regional Partner Development
- Clinic Operation Development
- Medical reserve Corps Volunteer Management and Training
- Policy Development
- Team Building

Captain of Operations

- Developed staff and operational procedures for full time staff
- Oversee Training Program
- Facilitate QA/QI
- Facilitated and maintained data entry system and procedures for all of Fire departments operations and patient tracking
- Created Personnel Manual and operational guidelines
- Secured grant funding
- Volunteer Management

Work History

Senior Director of Public Health	Granite United Way	2016 -present
Public Health Region Emergency Preparedness Director	Capital Area Public Health Network / GUW Concord NH	2013 - 2016
Executive Director	Carroll County Coalition for Public Health, Ossipee NH	2011 - 2013
Public Health Region Coordinator	Carroll County Coalition for Public Health,	2011 - 2013

	Ossipee NH	
Preparedness Planner	Capital Area Public Health Network/Concord Hospital, Concord NH	2009 - 2011
Regional Resource Coordinator	New England Center for Emergency Preparedness/ Dartmouth College, Lebanon NH	2009
Captain/Supervisor of Operations	Barnstead Fire Rescue, Barnstead NH	2001-2010

Certifications

- FEMA 29, 100, 120.a, 130, 200, 244, 250, 250.7, 300, 546.12, 547a, 700, 701, 702a, 704, 800.B, 806, 808
- Department of Homeland Security Exercise and Evaluation Program (HSEEP)
- CDC SNS/ Mass Dispensing Course, Atlanta GA
- ICS, WebEOC, SNS 101
- DHHS Inventory Management System Training
- Institute for Local Public Health Practices
 - Manchester Public Health Department
 - Local Public Health emergency Preparedness and Response
 - Principles of Environmental Health
 - Applied Communicable Disease Investigation, Control, and Microbiology
 - Principles of Epidemiology
 - Core Public Health Concepts
- HAZMAT Awareness and Operations
- CPR, Blood borne Pathogens
- EMS Field Training Officer
- Fire Fighter C2F2
- CDL B
- Amateur Radio Operator – General Class
- STEP program instructor, Are You Ready instructor
- Local Government Leadership Institute
- Local Government Center - Antioch New England Institute
 - Leadership in the 21st Century
 - Principles of Employment Law
 - Understanding our Diverse Workforce and Community
 - Stepping Up To Supervisor
 - Resolving Conflict Creatively
 - Managing the Multi-Generational Workforce
 - Is Time Managing You or Are You Managing It
 - Ethics
 - Municipal Budget & Finance
 - Performance Evaluation, and Beyond
 - How to Hire Smart
 - Bringing it All Together

Rachel M. O'Neil



Summary

A background in resource development and community collaboration has been instrumental in learning how communities can best improve their overall culture of health.

Experience

Director of Development & Public Health June 2016 - Present
Granite United Way, Concord NH

Continuing the role of fundraising in Merrimack County (shown below) with an added role within the Capital Area Public Health Network. Working to implement strategies from the Community Health Improvement Plan created by the Network in 2013. Assisting a variety of community coalitions and workforces to ensure we are addressing the priority areas outlined in the improvement plan. Facilitating the Public Health Advisory Council Executive Committee meetings to see what we should be focusing on while also working through what current issues arise within the community.

Director of Resource Development May 2015 – June 2016
Granite United Way, Concord NH

Managed 55 workplace campaigns and was responsible for fundraising within Merrimack County. Administered the 2016 State Employees Charitable Campaign that raised \$350K. Oversaw planning and organization of the Run United 5k.

Student Internship September 2014 – May 2015
Schenectady County Public Health Services, Schenectady NY

Worked on a comprehensive cancer grant to decrease cancer rates in the community. Aided the Schenectady Asthma Support Collaborative and wrote their interim grant report as well as assisted in gaining Institutional Review Board (IRB) approval.

Research Assistant/ Intern January 2014 - August 2014
University at Albany SPH, Rensselaer NY

Evaluated New York State Breastfeeding laws for a Robert Wood Johnson Foundation grant. Coordinated and administered interviews to hospital staff and analyzed qualitative data using Nvivo 8 software.

Education

MPH, Social Behavior and Community Health May 2015
School of Public Health, University at Albany, Albany, NY

BS, Community Health May 2013
State University of New York (SUNY) Potsdam, Potsdam, NY

Awards/Honors

Outstanding Community Health Student, SUNY Potsdam - Potsdam, NY 2013
Eta Sigma Gamma (Community Health Honor Society) - Potsdam, NY 2012
Community Health Internship Scholarship, SUNY Potsdam- Potsdam, NY 2012

CATALINA C. KIRSCH, M. Ed.

<https://www.linkedin.com/in/catalinaconchakirsch>

<https://www.facebook.com/catconchakirsch>

<https://twitter.com/catconchakirsch>

Education

M. Ed., Counseling with NH Certification in School Guidance (K-12)

Plymouth State College, Plymouth, NH, May 1998 [REDACTED] valid through June 2017.

BS, Psychology

St. Joseph's University, Philadelphia, PA, May 1989

Experience

March, 2017 – present; Continuum of Care Facilitator, Carroll County Coalition for Public Health, Granite United Way

- Convene key stakeholders to address gaps and barriers in the Substance Use Disorder (SUD) Continuum of Care which include prevention, intervention, treatment and recovery supports. Work with providers, the business sector, emergency services staff, government officials, judicial system and educators to promote awareness, access, collaboration and capacity of SUD services and create an efficient integration of these services across the continuum. Ensure a comprehensive, effective integration of services to address all areas of the SUD continuum of care that reflects evidence based practices and programs that are sustainable, flexible and available. approach to care.

May, 2015 – present; Research Assistant, University of NH, Conway, NH

- Part time. Outreach & recruitment of participating schools, programs. Teacher training, curriculum support. Student and teacher survey administration. Data collection and analysis for a study of rural science education and engagement. Temporary position.

August, 2014- June, 2015 SPANISH TEACHER, Kennett High School, North Conway, NH

- Part time High School Spanish Teacher. Bilingual language skills, Spanish & English. Teaching, Parent communication.

January, 2013 – June, 2014 ADMINISTRATIVE DIRECTOR, Bearcamp Valley School & Children's Center, Tamworth, NH

- All executive functions to operate a private, non-profit preschool and child care center together with a Board of Directors; management of \$250K budget, finance, legal & state child care licensing compliance, human resources, marketing, outreach, enrollment & retention, curriculum, building maintenance, public water compliance, school food program, community partnership and fundraising 50% operating expenses yearly. Connecting parents to child care and other vital services.

August, 2008 – December, 2012 PROGRAM DIRECTOR, Madison Mustang Academy, Madison School District, Madison, NH

- Direct federally funded 21st Century Community Learning Center before and after-school enrichment program; create community partnerships; supervision of staff; fundraising; program advocacy for sustainability; Manage up to 20 staff and \$125K Federal Grant annually. Raised up to \$30K annually for program. Connecting parents to afterschool care and enrichment for children.

January, 2007 – August, 2008 BUSINESS OUTREACH COORDINATOR, Independent Contractor;

The Employer Prepaid Program, White Mountain Community Health Center, Conway, NH; Part time

- Public Health. Manage grant fund designed to connect small business employers with health services at White Mountain Community Health Center. Sales and marketing of the Employer Prepaid Program. PT temporary position.

March 2004 – December, 2007 PROJECT COORDINATOR, Independent Contractor;

The Umbrella Project, White Mountain Community Health Center, Conway, NH

- Public Health. Design & coordinate an outreach and application assistance program to reduce the number of uninsured children in Carroll County, NH. A three-year \$60K annual grant-funded initiative through the HNH foundation, Concord, NH. Program design, staff supervision, and reporting. Extensive outreach across Carroll County. Connecting parents in need with children's health insurance program and other local services.

February, 2003 – July, 2003 WEB SITE DESIGN, Independent Contractor ; Picturesque, Conway, NH

- Assisted with web site design & development special focus on the local hospitality industry.

August, 1996 – June, 2002 ELEMENTARY SCHOOL GUIDANCE COUNSELOR;
Madison School District, Madison, NH

- Implemented comprehensive approach to guidance services grades K-6 with components of guidance curriculum (classroom lessons), responsive services (crisis intervention), individual planning (educational, career, personal/social) and systems support (staff/ parental/ community support services). Professional Development Advisor for faculty/staff (5 years). Parent Education. Afterschool Program Grant. Participation in Carroll County service provider networking and coalition work.

July, 1992 - August, 1996 PATIENT/ COMMUNITY EDUCATOR; Family Planning and Prenatal Program, Community Action Program, Belknap-Merrimack Counties, Inc., Laconia, NH

- Public Health. Management of teen clinic; Coordination of a peer education program; Patient education and counseling; Pre- and post-test HIV counseling; Community education program , focus on adolescent reproductive health.

December, 1990 - May, 1992 PHILADELPHIA COMMUNITY EDUCATOR;
Planned Parenthood of SE Pennsylvania, Philadelphia, PA

- Public Health. Designed, implemented & evaluated community sexuality education programs for adolescents & adults
- Maintained detailed records of program designs, community contacts, and statistics.

August, 1989 - October, 1990 ADOLESCENT AIDS EDUCATOR; Project A.P.P.E.A.L. (AIDS Prevention Project Educating Adolescent Latinos), Congreso De Latinos Unidos, Inc., Philadelphia, PA

- Public Health. AIDS prevention workshops for adolescents in Philadelphia's Latino communities. Recruitment, training & facilitation, peer education program.

TRAINING

Completed FEMA Training, IS-100.B; Introduction to Incident Command System, ICS-100 Completed CPI Training, Non Violent Crisis Intervention, 2012

RELEVANT SKILLS, KNOWLEDGE

Carroll County coalition building and leadership; Community Outreach; Connection to Carroll County area human services network, law enforcement, traditional and alternative medical providers, public and private schools K-12 ; Marketing and Social Media; Public speaking; Leading meetings/trainings in person or remotely. Advocacy for families and children in need.

ORGANIZATIONS

October 18, 2007, Citizen Award: New Hampshire Children's Trust Fund, for New Hampshire citizens who have improved the lives of children and families, awarded to MWV Children's Museum Founding Board of Directors.

June 14, 2007, Emerging Leaders Project: Participated by invitation in the Emerging Leaders Project, conducted in partnership by the Carsey Institute of UNH, Durham, NH, and the Gorham Family Resource Center, Gorham, NH, with support from The Endowment for Health, Concord, NH.

2016-Present

KENNETT HIGH SCHOOL

North Conway, NH - Chair, Project Graduation 2017
Lead fundraising efforts to raise \$30,000 for graduation event.

2016-Present

KENNETT MIDDLE SCHOOL

Conway, NH - 8th Grade Philadelphia Trip
Fundraising to help 8th grade go to Philadelphia in Spring 2017

2016 - Present

acidoticRACING, LLC

Strafford, NH - Member, Volunteer Race Director
-Thanksgiving 5K (2016-present)

1998 - Present

WHITE MOUNTAIN MILERS,

North Conway, NH - Member, Events Volunteer; Race Director -Thanksgiving 5K (2008-2015))

November, 2009 - December, 2014

**UNIVERSITY OF NH, COOPERATIVE EXTENSION,
CARROLL COUNTY**

Conway, NH - Chair, 2013-2014, Member, Carroll County Advisory Board

July, 2009 - December, 2012

**NH 21ST CENTURY COMMUNITY LEARNING
CENTERS,** Concord, NH - Member, Director's Group

August, 2008 - December, 2012

MADISON PARENT-TEACHER ORGANIZATION

Treasurer, 2008-2011

November, 2009 - June, 2010

CARROLL COUNTY UNITED

Tamworth, NH- Community Partner, Member, Early Childhood Readiness Workgroup

2004 - 2009

MADISON RECREATION DEPARTMENT

Madison, NH - Volunteer Soccer Coach, 2004-2008
Substitute Recreation Director, August, 2009

April, 2005 - November, 2008

**MOUNT WASHINGTON VALLEY CHILDREN'S
MUSEUM**

Intervale, NH - Vice President (Nov 2007 - Nov 2008),
Founding Board of Directors
Past Volunteer Committee Chair

Sept, 2004 - August, 2008

FRIENDS OF FAMILIES COALITION

Center Ossipee, NH - Served as President, Secretary &
Volunteer. Led meetings, events at TCCAP, Tamworth

September, 2002 - June, 2004; September, 2007 - June, 2008

MADISON PRESCHOOL

Madison, NH - Board of Directors ('07-'08), Vice-President ('03-'04)

2006 - 2008

MADISON MUSTANG ACADEMY

Madison, NH - After-School Program Leader - Spanish instruction

September, 2005 - June, 2007

WHITE MOUNTAIN WALDORF SCHOOL

Madison, NH - Member, Parent Association;
Class Parent Advisor; March, 2006 - June, 2007

1998 - 2001

CHILDREN'S HEALTH CENTER

North Conway, NH - Member, Board of Directors

References available upon request.

Elizabeth Duffy

Experience

September 2017- Present

Center for Life Management, Derry, NH - *Continuum of Care Facilitator & Community Outreach Coordinator*

- Conduct a minimum of 6 community engagement events to provide information about Network4Health and obtain community input on experience with the integrated care model.
- Coordinate the development and maintenance of the N4H website
- Coordinate the development of the N4H YouTube channel and assist in producing segments that describe elements of N4H
- Provide an annual update to the community "Assets and Gaps" inventory
- Work cooperatively with N4H data efforts with a long term goal of creating a data dashboard
- Assists N4H in assuring that the network is involved in efforts to address the "Opioid Crisis"
- Strengthen partnerships through collaborative and educational events, meetings, and other networking opportunities.
- Facilitate work groups to help identify gaps in resources to address substance use prevention, intervention, treatment, and recovery
- This position works with the South Central NH Public Health Network and surrounding communities to address the substance use issues within the regional Community Health Improvement plan
- Work with BDAS and its technical assistance resources to ensure that all partners have access to information, training, and/or technical assistance necessary for the understanding and participation in continuum of care development discussions and planning
- Create/update resource guide for South Central NH to include resources for prevention, intervention, treatment, and recovery
- Work with Integrated Delivery Network on the Dual Diagnosis Capability subcommittee as well as attended Integrate Delivery Network All Partners Meetings
- Work with the Governor's Commission Joint Military Task-force

June 2016- April 2017

LUK Crisis Center, Fitchburg, MA - *Substance Abuse Prevention Collaborative West Coordinator*

- Coordinate policy initiatives, enforcement, and grant requirements.
- Develop and maintain strong community involvement to support program needs and awareness

- Ensure implementation of the culturally appropriate services and promote the use of evidence-based strategies
- Share and disseminate information using health communications and social marketing principles.
- Develop and maintain data surveillance and reporting as required.
- Enlisted the support of volunteers and collaborated with businesses and community groups
- Ensure compliance with funder and any licensing requirements.
- Creates programs for underage drinking prevention based off the SPF Model

November 2015- June 2016

Montachusett Opportunity Council, Fitchburg, MA - Program Assistant- Elder's Nutrition

- Assists with other programs regarding Fun N'FITchburg matters and Mass in Motion matters
- Develops and maintains a schedule of the volunteers for the program as well as searching for potential volunteers
- Assists in job interview processes for new candidates
- Supports and provides incentives for Safe Routes to Schools
- Visits meal sites to work on process improvement
- Creates and presents of nutrition educations at meal sites

Education

Graduated 2016

Concordia University, Seward, NE - Masters of Public Health: Concentration Community Education

Graduated 2014

University of New Haven, West Haven, CT - Bachelor's of Science in Nutrition and Dietetics

Certifications/ Memberships

CPR/First Aid Certification: Expires July 2018

Community Health Education Specialist: Expires May 2022

Phi Sigma Sigma - Lifetime member

Languages

Spanish: Conversational

French: Beginner

Portuguese: Beginner

Granite United Way – South Central

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Shannon Bresaw	Vice President of Public Health	\$77,250	0%	\$0
Rachel O'Neil Maxwell	Director of Public Health	\$51,500	4.9%	\$2,500
Elizabeth Duffy	Continuum of Care Facilitator	\$41,202	50%	\$20,601



Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



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May 23, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

VENDOR NAME	REGION SERVED	SFY 2018	SFY 2019	TOTAL
City of Nashua	Nashua	403,322	394,322	797,644
County of Cheshire	Cheshire	290,387	290,387	580,774
Goodwin Community Health	Strafford	393,815	393,815	787,630
Granite United Way	Capital	394,453	394,453	788,906
Granite United Way	Carroll	385,649	385,649	771,298
Granite United Way	South Central	372,807	384,432	757,239
Lamprey Health Care	Seacoast	376,583	377,151	753,734
Lakes Region Partnership for Public Hlth	Winnepesaukee	388,512	388,512	777,024
Manchester Health Dept.	Manchester	583,872	583,872	1,167,744
Mary Hitchcock Mem Hsp	Sullivan	379,040	376,499	755,539
Mary Hitchcock Mem Hsp	Upper Valley	383,388	377,629	761,017
Mid-State Health Center	Central	385,391	385,391	770,782
North Country Health Consortium	North Country	473,269	473,269	946,538
		\$5,210,488	\$5,205,381	\$10,415,869

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

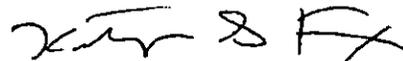
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

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

Respectfully submitted,

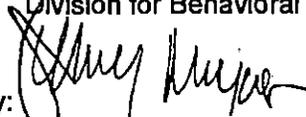


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
			Sub Total 2019	158,649
			Sub-Total	317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
			Sub Total 2019	158,649
			Sub-Total	317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
			Sub Total 2019	158,649
			Sub-Total	317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
			Sub Total 2018	158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
			Sub Total 2019	158,514
			Sub-Total	317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
			Sub Total 2019	158,649
			Sub-Total	317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
			Sub Total 2019	158,649
			Sub-Total	317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
			Sub Total 2019	158,649
			Sub-Total	317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
			Sub Total 2019	158,649
			Sub-Total	317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
			Sub Total 2019	158,649
			Sub-Total	317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
			Sub Total 2018	158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
			Sub Total 2019	158,649
			Sub-Total	317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
			Sub-Total	204,294

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
			Sub Total 2018	110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
			Sub Total 2019	110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



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

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)	
1.	City of Nashua
2.	County of Cheshire
3.	Mary Hitchcock Memorial Hospital (Sullivan Co)
4.	Mary Hitchcock Memorial Hospital (Upper Valley)
5.	Goodwin Community Health
6.	Granite United Way (Carroll Co)
7.	Granite United Way (Capital Area PH)
8.	Granite United Way (South Central)
9.	Lakes Region Partnership for Public Health
10.	Lamprey Health Care
11.	Manchester Health Dept
12.	Mid-State Health Center
13.	North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1.	<u>Mary Hitchcock Memorial Hospital (Sullivan Co)</u>
2.	<u>Mary Hitchcock Memorial Hospital (Upper Valley)</u>
3.	<u>Goodwin Community Health</u>
4.	<u>Granite United Way (Carroll Co)</u>
5.	<u>Granite United Way (Capital Area PH)</u>
6.	<u>Granite United Way (South Central)</u>
7.	<u>Lakes Region Partnership for Public Health</u>
8.	<u>Lamprey Health Care</u>
9.	<u>Manchester Health Dept</u>
10.	<u>Mid-State Health Center</u>
11.	<u>North Country Health Consortium</u>

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



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

**Regional Public Health Network
Services**

RFP Name

RFP-2018-DPHS-01-REGION

RFP Number

Reviewer Names

Bidder Name (PHEP)

- 1. City of Nashua
- 2. Manchester Health Dept
- 3. 0
- 4. 0
- 5. 0
- 6. 0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

- 1. Neil Twitchell, Administrator I (TECH)
- 2. Rob O'Hannon, Program Specialist III, (TECH)
- 3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
- 4. Valerie Morgan, Administrator II (TECH)
- 5. Jennifer Schirmer, Administrator I (TECH)
- 6. Shelley Swanson, Administrator III, (COST)
- 7. Laurie Heath, Administrator II (COST)
- 8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-06

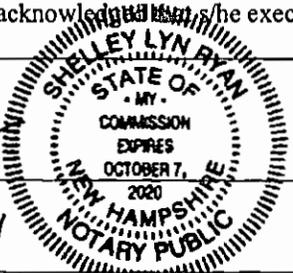
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite United Way (South Central Region)		1.4 Contractor Address 46 S. Main Street Concord, NH 03301	
1.5 Contractor Phone Number 603-224-2595 ext 228	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731.	1.7 Completion Date 06/30/19	1.8 Price Limitation \$757,239
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Patrick Tufts</i>		1.12 Name and Title of Contractor Signatory <i>Patrick Tufts, President & CEO</i>	
1.13 Acknowledgement/ State of <i>New Hampshire</i> County of <i>Merrimack</i> On <i>May 10, 2017</i> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>Shelley Lyn Ryan</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Shelley Lyn Ryan, Notary</i>			
1.14 State Agency Signature <i>Lisa Morris</i> Date: <i>5/23/17</i>	1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director		
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <i>[Signature]</i> On: <i>5/5/17</i>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.



Exhibit A

- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

[Handwritten Signature]
Date 5-10-17



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
 - 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
 - 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
 - 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.



Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation;

DS

5-10-12



Exhibit A

community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. **Site Visits**

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.



Exhibit A

5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.

5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.

5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.

5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.

5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.

5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.

5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.

5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

5.1.4.1. Provide required reports as indicated in each SMP scope of work:

5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes

5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval

5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

1) Number of individuals served or reached

2) Demographics

3) Strategies and activities per IOM by the six (6) activity types.

4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions

5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.



Exhibit A

5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)



Exhibit A

- 6.1.3.3. Attend bimonthly meetings (6 per year).
 - 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
 - 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
 - 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
 - 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.
- 6.1.4. Continuum of Care**
- The CoC facilitator shall:
- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
 - 6.1.4.2. Attend every other month CoC Facilitator meetings.
 - 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
 - 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
 - 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
- 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.



7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS; to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use



Exhibit A

- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse



Exhibit A

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

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



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
 - 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit B

29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - South Central

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 30,000.00	\$ -	\$ 30,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 26,467.00	\$ 3,533.00	\$ 30,000.00

Indirect As A Percent of Direct

13.3%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

**Regional Public Health Network Services -
Budget Request for: PHAC**
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ -	\$ -	\$ -	
2. Employee Benefits	\$ -	\$ -	\$ -	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 30,000.00	\$ -	\$ 30,000.00	6
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: _____

Date: _____

[Signature]
5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 78,272.00	\$ 2,500.00	\$ 80,772.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 83,044.00	\$ 2,739.00	\$ 85,783.00

Indirect As A Percent of Direct

3.3%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 78,272.00	\$ 2,500.00	\$ 80,772.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 83,044.00	\$ 2,739.00	\$ 85,783.00

Indirect As A Percent of Direct

3.3%

Contractor Initials: PT

Date: 5-10-12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ -100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 70,864.00	\$ 2,500.00	\$ 73,364.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 75,636.00	\$ 2,739.00	\$ 78,375.00

Indirect As A Percent of Direct

3.6%

\$ -

Contractor Initials: _____

Date: _____

PT
5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Budget Request for: Regional Public Health Network Services - SMP
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 70,864.00	\$ 2,500.00	\$ 73,364.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 75,636.00	\$ 2,739.00	\$ 78,375.00

Indirect As A Percent of Direct

3.6%

Contractor Initials: _____

Date: _____

Handwritten:

 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 72,763.00	\$ 2,500.00	\$ 75,263.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 77,535.00	\$ 2,739.00	\$ 80,274.00

Indirect As A Percent of Direct

3.5%

Contractor Initials: _____

PS

Date: _____

5-10-12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 72,763.00	\$ 2,500.00	\$ 75,263.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 77,535.00	\$ 2,739.00	\$ 80,274.00

Indirect As A Percent of Direct

3.5%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - South Central

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 4,948.00	\$ 247.60	\$ 5,195.60
2. Employee Benefits	\$ 1,333.00	\$ 66.65	\$ 1,399.65
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$ 195.00	\$ 9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,476.00	\$ 1,524.00	\$ 20,000.00

Indirect As A Percent of Direct

8.2%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - South Central

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 4,948.00	\$ 247.60	\$ 5,195.60
2. Employee Benefits	\$ 1,333.00	\$ 66.65	\$ 1,399.65
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$ 195.00	\$ 9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,476.00	\$ 1,524.00	\$ 20,000.00

Indirect As A Percent of Direct

8.2%

Contractor Initials: PT

Date: 5-10-12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 70,864.00	\$ 2,500.00	\$ 73,364.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 75,636.00	\$ 2,739.00	\$ 78,375.00

Indirect As A Percent of Direct

3.6%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 28.60	\$ 600.60
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications		\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 84,799.40	\$ 2,500.00	\$ 87,299.40
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 87,371.40	\$ 2,628.60	\$ 90,000.00

Indirect As A Percent of Direct

3.0%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17



SPECIAL PROVISIONS

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

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



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

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

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



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

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



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

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

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

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

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

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

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

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

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

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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

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

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

PS
5-10-17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



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

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

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

Contractor Name:

5-10-17
Date

Rachel T. V.
Name:
Title:



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name:

5-10-17
Date

Paul M
Name:
Title:



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

Name:

Title:

5-10-17
Date



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

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

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

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

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

Exhibit G

Contractor Initials

PT

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

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name:

5-10-17
Date

[Signature]
Name:
Title:

Exhibit G

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

Contractor Initials PS

Date 5-10-17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:

5-10-17
Date


Name:
Title:



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



Exhibit I

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

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

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



Exhibit I

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

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

PS
5-10-17



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

OS
5-10-17



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Patrick Tufts - Granite United Way
Name of the Contractor

[Signature]
Signature of Authorized Representative

PATRICK TUFTS
Name of Authorized Representative

President
Title of Authorized Representative

5-10-17
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

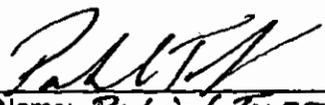
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick Tuffis*
Title: *President*



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 1564849900000
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Lamprey Health Care (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 128 State Route 27, Raymond, NH 03077.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Add to Form P-37, General Provisions, Block 1.6, Account Number, as follows:
05-95-90-901510-7936-102-500731
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$748,724
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
5. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 5.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 5.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
-------------------------------	----------	---------
 - 5.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 5.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 5.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

6. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.
7. Add Exhibit A-2 Additional Scope of Services (Building Resilience Against Severe Weather and Climate Effects), as of Governor and Council approval of this amendment.
8. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
9. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
10. Add Exhibit B-1 Budget for Building Resilience Against Severe Weather and Climate Effects, SFY 2018, as of Governor and Council approval of this amendment.
11. Add Exhibit B-2 Budget for Building Resilience Against Severe Weather and Climate Effects, SFY 2019.
12. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.

New Hampshire Department of Health and Human Services
Regional Public Health Network Services



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

Lisa Morris
Director

6/1/18
Date

Lamprey Health Care

5-29-18
5-30-18 *car*
Date

Audrey Gordon Savoy
Name:
Title: Board President

Acknowledgement of Contractor's signature:

State of N.H., County of Rockingham on MAY 29, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Michelle L. Gaudet, notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: MICHELLE L. GAUDET, Notary Public
~~My Commission Expires August 2, 2022~~

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific procedures that must be followed when recording transactions. It details the steps from the initial receipt of funds to the final entry in the accounting system.

3. The third part of the document discusses the role of internal controls in ensuring the accuracy and reliability of financial information. It highlights the importance of segregation of duties and regular audits.

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/15
Date

[Signature]
Name: Megan A. Kelly
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



Exhibit A-1

- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

AAS



**Scope of Services for Building Resilience
Against Severe Weather And Climate Effects**

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Scope of Services

- 2.1. The Contractor shall provide services regarding the issues of rising temperatures, expanded tick season, and related infections such as Lyme disease to all those who live, work, and visit the Seacoast Public Health Network region, which encompasses the towns listed for the Seacoast Public Health Network region on the Regional Public Health Network website located at: <https://nhphn.org/who-we-are/public-health-networks/>.
- 2.2. **Phase 1 – Planning:** During the first six (6) months of the project, the Contractor shall assess existing information regarding regional weather hazards, public health effects, and related intervention strategies. Assessments may include, but are not limited to:
 - 2.2.1. Prior hazard mitigation reports.
 - 2.2.2. Preparedness assessments, including the Department of Health and Human Services Social Vulnerability Index.
 - 2.2.3. Community health assessments.
 - 2.2.4. Interviews with subject matter experts specific to a local community or the entire region.
- 2.3. The Contractor shall further assess and document regional weather hazards, public health effects, and related intervention strategies by:
 - 2.3.1. Creating a stakeholder subcommittee that will include, but not be limited to the Contractor's Public Health Advisory Council members and other partners.
 - 2.3.2. Engaging a subcontractor with content expertise to assist with the planning process.
 - 2.3.3. Conducting outreach to the Rockingham Planning Commission, The Great Bay National Estuarine Research Reserve/Discovery Center, the Seacoast Science Center and the NHSPCA (Society for the Prevention of Cruelty to Animals) in Stratham.



- 2.3.4. Ensuring the subcommittee identifies environmental exposures and weather hazards on the seacoast by reviewing materials such as Climate Change and Human Health in New Hampshire, Climate Change in Southern New Hampshire, Past Present and Future by the UNH Sustainability Institute.
- 2.4. The Contractor shall collaborate with a Regional Planning Commission (RPC), University, and/or other organizations that are able to gather, analyze, and report on regional trends in order to support long-range planning efforts.
- 2.5. The Contractor shall organize, host, and facilitate a minimum of two (2) planning sessions with the Regional Public Health Advisory Council (PHAC), or a subcommittee, to gather information for the development of a plan of action that meets the needs of the region, which shall include, but not be limited to:
 - 2.5.1. Researching demographic and social vulnerability information to study how social determinants may be related to the priority health issues.
 - 2.5.2. Researching existing weather or climate mitigation strategies and resources.
 - 2.5.3. Conducting outreach to partners who may act as members of the subcommittee including, but not limited to:
 - 2.5.3.1. Schools that include that at-risk five through fifteen (5-15) year old target audience.
 - 2.5.3.2. Recreation Departments with outdoor activities.
 - 2.5.3.3. Summer Camps including, but not limited to:
 - 2.5.3.3.1. Camp Lincoln.
 - 2.5.3.3.2. Camp Gundalow.
 - 2.5.3.4. Seacoast Science Center.
 - 2.5.3.5. Great Bay National Estuarine Research Reserve/Great Bay Discovery Center.
 - 2.5.3.6. Health Officers.
 - 2.5.3.7. Rockingham Planning Commission.
 - 2.5.3.8. The University of New Hampshire.
 - 2.5.3.9. Pet and animal welfare groups including, but not limited to:
 - 2.5.3.9.1. Owners.
 - 2.5.3.9.2. Veterinarian offices.
 - 2.5.3.9.3. New Hampshire Society for the Prevention of Cruelty to Animals (NHSPCA) in Stratham New Hampshire.
- 2.6. The Contractor shall submit a brief draft plan of action that is five to ten (5-10) pages in length to the Department. The plan will utilize Department templates, guidance,



and samples for approval prior to publishing the plan of action to their Regional Public Health Network (RPHN) website. The final plan of action shall include, but not be limited to the following elements:

- 2.6.1. A description of weather or climate hazards found in existing vulnerability assessments such as municipal Hazard Mitigation Plans, and identification of vulnerable populations via use of the NH Social Vulnerability Index.
- 2.6.2. A description of at least one (1) priority weather hazard and health impact to pursue in the region, reviewed and approved by the Regional Public Health Advisory Council (PHAC).
- 2.6.3. An outline of any existing interventions in place in the region to address the weather hazard and/or health impact, and an outline of at least one viable evidenced-based intervention to implement at the community level.
- 2.6.4. A table that outlines a timeline, resources, measurable objectives, and specific activities to support the intervention.
- 2.7. The Contractor shall participate in up to two (2) half-day trainings provided by the Department in Concord, New Hampshire regarding how to assess weather-related vulnerabilities, measure community preparedness, and implement the Center for Disease Control's (CDC's) Building Resilience Against Climate Effects (BRACE) framework.
- 2.8. Upon completion of Phase 1 - Planning, the Contractor shall publish all relevant planning materials to the Contractor's established public-facing web page associated with the RPHN, including any plans, reports, educational materials, trainings, videos or other resources.
- 2.9. **Phase 2 – Implementation** Beginning upon completion of Phase I, the Contractor shall:
 - 2.9.1. Participate in up to two (2) half-day trainings provided by the Department in Concord, New Hampshire regarding how to design, implement, and evaluate an Evidence-Based Public Health (EBPH) intervention according to the framework for BRACE.
 - 2.9.2. Collaborate with the Department on the development of the evidence-based intervention that establishes measurable objectives and evaluates change or improvements over time.
 - 2.9.3. Implement a minimum of one (1) EBPH intervention designed to address the priority weather hazard and/or health impact identified in the planning phase in order to improve public health at the population level by employing an Implementation Science method which includes the following stages:
 - 2.9.3.1. Pre-exploration.
 - 2.9.3.2. Exploration.



- 2.9.3.3. Installation.
 - 2.9.3.4. Initial implementation.
 - 2.9.3.5. Full implementation.
 - 2.9.3.6. Innovation.
 - 2.9.3.7. Sustainability.
- 2.10. The Contractor shall build community resilience to rising temperatures, expanded tick season, and related tick-borne infections such as Lyme disease by:
- 2.10.1. Increasing awareness and tick exposure and disease prevention among a youth-target audience, with the goal leading to greater tick-protection skills and fewer cases of disease which includes, but is not limited to:
 - 2.10.1.1. Provide a training strategy (i.e. specific evidence-based intervention) to Youth Recreation program participants to increase tick-safe behaviors, reduce tick-risky behaviors, and/or increase confidence in the ability to perform tick checks and other ways to reduce tick exposure.
 - 2.10.1.2. Providing a 'Train the Trainer' strategy to Youth Recreation Program leaders such as school nurses and camp counselors to increase awareness, knowledge, skills, and/or confidence in the ability to reduce tick exposure.
 - 2.10.1.3. Providing new materials or policies that support tick-safe behaviors such as access to insect repellants, tick removal kits, showers, or similar protections.
 - 2.10.2. Increasing awareness of tick exposure and disease prevention among an adult target audience, with the goal of fewer cases occurring which includes, but is not limited to:
 - 2.10.2.1. Collaborating with stakeholders to identify viable educational opportunities for adult participants at the Seacoast Science Center and the Great Bay Discovery Center.
 - 2.10.2.2. Provide a 'train the trainer' strategy to a target audience of adult leaders and staff at recreational centers in order to increase knowledge, skills, or confidence in tick-safe behaviors. The curriculum will include age-appropriate content and skills building, as recommended within the NH Tick-borne Disease Prevention Plan and educational materials from tickfreenh.org to adult leaders at the Seacoast Science Center and the Great Bay Discovery. In addition, the Center for Disease Control and Prevention has educational brochures, fact sheets, and trail signs available.
 - 2.10.2.3. Seeking active interventions that increase population knowledge, skills, confidence to act, and/or community-level resilience related to the health



outcome of interest which includes, but is not limited to employing training curriculums that change the target populations ability to understand or act to protect their own health.

- 2.10.3. Evaluating the project via process measures that are designed to determine if the activities are both on time and on budget, and evaluating the project via outcome measures via pre and post intervention assessments. The goal of the evaluation plan will be to create a feedback cycle of continuous program improvement.
- 2.10.4. Writing a report that is ten to fifteen (10-15) pages in length on the intervention methods, results, and evaluation of success.
- 2.11. Upon completion of Phase 2, the Contractor shall publish all relevant intervention materials to the Vendor's established public-facing web page associated with the RPHN, including the report referenced in Paragraph 3.2.7.4.

3. Meeting and Reporting Requirements

- 3.1. The Contractor shall participate in monthly one (1)-hour meetings and/or conference calls with the Department to review the budget, activities, and plan of action.
- 3.2. The Contractor shall submit a brief one (1)-page quarterly progress report to the Department thirty (30) days following the end of each quarter, describing the fulfillment of activities conducted within the plan-of-action in order to monitor program performance. Reports shall be in a format developed by the Department and include, but not be limited to:
 - 3.2.1. Brief narrative of work performed during the prior quarter.
 - 3.2.2. Progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the contract.
 - 3.2.3. Documented achievements including, but not limited to any products or services delivered to the target population.
 - 3.2.4. Identify barriers to providing services and provide a brief summary of how they will overcome the identified barriers in the following quarter.
- 3.3. The Contractor shall provide two (2) detailed 5-10 page reports on their findings, one at the end of the planning process (Phase 1), and one at the end of the intervention process (Phase 2).

4. Deliverables

- 4.1. The Contractor shall submit a brief one (1)-page quarterly progress report to the Department thirty (30) days following the end of each quarter, describing the fulfillment of activities conducted in order to monitor program performance.
- 4.2. The Contractor shall provide two (2) detailed 5-10 page reports on their findings, one at the end of the planning process (Phase 1), and one at the end of the intervention process (Phase 2).

AAS

5/29/18

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Program Name: Lamprey Health Care

Budget Request for: Regional Public Health Network Services
Building Resilience Against Severe Weather And Climate Effects

Budget Period: SFY 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by / DHHS / contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 4,126.92	\$ 412.69	\$ 4,539.61	\$ -	\$ -	\$ -	\$ 4,126.92	\$ 412.69	\$ 4,539.61
2. Employee Benefits	\$ 938.87	\$ 93.89	\$ 1,032.76	\$ -	\$ -	\$ -	\$ 938.87	\$ 93.89	\$ 1,032.76
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 250.00	\$ 25.00	\$ 275.00	\$ -	\$ -	\$ -	\$ 250.00	\$ 25.00	\$ 275.00
6. Travel	\$ 270.00	\$ 27.00	\$ 297.00	\$ -	\$ -	\$ -	\$ 270.00	\$ 27.00	\$ 297.00
7. Occupancy	\$ 600.00	\$ 60.00	\$ 660.00	\$ -	\$ -	\$ -	\$ 600.00	\$ 60.00	\$ 660.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 208.00	\$ 20.80	\$ 228.80	\$ -	\$ -	\$ -	\$ 208.00	\$ 20.80	\$ 228.80
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ 225.00	\$ 22.50	\$ 247.50	\$ -	\$ -	\$ -	\$ 225.00	\$ 22.50	\$ 247.50
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
11. Staff Education and Training	\$ 1,200.00	\$ 120.00	\$ 1,320.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ 120.00	\$ 1,320.00
12. Subcontracts/Agreements	\$ 5,000.00	\$ 500.00	\$ 5,500.00	\$ -	\$ -	\$ -	\$ 5,000.00	\$ 500.00	\$ 5,500.00
13. Other :computer operation	\$ 300.00	\$ 30.00	\$ 330.00	\$ -	\$ -	\$ -	\$ 300.00	\$ 30.00	\$ 330.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 13,618.79	\$ 1,361.88	\$ 14,980.67	\$ -	\$ -	\$ -	\$ 13,618.79	\$ 1,361.88	\$ 14,980.67

Indirect As A Percent of Direct

10.0%

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Program Name: Lamprey Health Care

Budget Request for: Regional Public Health Network Services
Building Resilience Against Severe Weather And Climate Effects

Budget Period: SFY 2019

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 18,978.92	\$ 1,897.89	\$ 20,876.81	\$ -	\$ -	\$ -	\$ 18,978.92	\$ 1,897.89	\$ 20,876.81
2. Employee Benefits	\$ 4,317.70	\$ 431.77	\$ 4,749.47	\$ -	\$ -	\$ -	\$ 4,317.70	\$ 431.77	\$ 4,749.47
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,200.00	\$ 120.00	\$ 1,320.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ 120.00	\$ 1,320.00
6. Travel	\$ 648.00	\$ 64.80	\$ 712.80	\$ -	\$ -	\$ -	\$ 648.00	\$ 64.80	\$ 712.80
7. Occupancy	\$ 1,800.00	\$ 180.00	\$ 1,980.00	\$ -	\$ -	\$ -	\$ 1,800.00	\$ 180.00	\$ 1,980.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 624.00	\$ 62.40	\$ 686.40	\$ -	\$ -	\$ -	\$ 624.00	\$ 62.40	\$ 686.40
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ 900.00	\$ 90.00	\$ 990.00	\$ -	\$ -	\$ -	\$ 900.00	\$ 90.00	\$ 990.00
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 200.00	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 200.00	\$ 2,200.00
11. Staff Education and Training	\$ 3,430.00	\$ 343.00	\$ 3,773.00	\$ -	\$ -	\$ -	\$ 3,430.00	\$ 343.00	\$ 3,773.00
12. Subcontracts/Agreements	\$ 24,300.00	\$ 2,430.00	\$ 26,730.00	\$ -	\$ -	\$ -	\$ 24,300.00	\$ 2,430.00	\$ 26,730.00
13. Other computer operation	\$ 900.00	\$ 90.00	\$ 990.00	\$ -	\$ -	\$ -	\$ 900.00	\$ 90.00	\$ 990.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 59,098.62	\$ 5,909.86	\$ 65,008.49	\$ -	\$ -	\$ -	\$ 59,098.62	\$ 5,909.86	\$ 65,008.49

Indirect As A Percent of Direct

10.0%

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

**Regional Public Health Network Services -
Budget Request for: CoC**

Budget Period: SFY 2019

Line/Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$27,782.40	\$ 5,753.70	\$ 33,536.10	
2. Employee Benefits	\$6,320.50	\$ 1,308.97	\$ 7,629.47	
3. Consultants	\$ -	\$ 40.00	\$ 40.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 733.00	\$ 74.60	\$ 807.60	
6. Travel	\$ 1,800.00	\$ 250.00	\$ 2,050.00	
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 400.00	\$ 80.00	\$ 480.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 700.00	\$ 70.00	\$ 770.00	
11. Staff Education and Training	\$ 600.00	\$ 60.00	\$ 660.00	
12. Subcontracts/Agreements	\$0.00	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 38,635.90	\$ 3,863.59	\$ 42,500.00	

Indirect As A Percent of Direct

10.0%

RFP-2018-DPHS-01-REGION-07

Contractor Initials: AAS

Date: 5/29/18



Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



DHHS Information Security Requirements

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a



Exhibit K

DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

AKB



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.



Exhibit K

DHHS Information Security Requirements

- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

State of New Hampshire

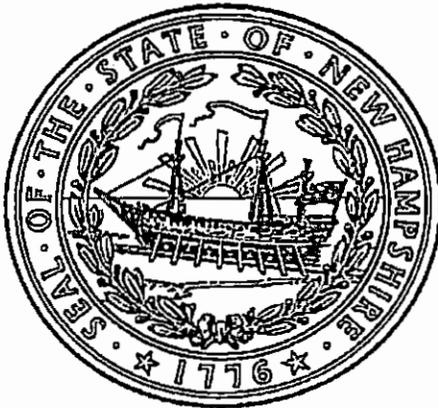
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. 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: 66382

Certificate Number : 0004080481



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of April A.D. 2018.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, T. Chris Drew, do hereby certify that:

(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Lamprey Health Care, Inc
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of
the Agency duly held on January 24th, 2018 :
(Date)

RESOLVED: That the President
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to
execute any and all documents, agreements and other instruments, and any amendments, revisions,
or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of
the 29th day of May, 2018.
(Date Amendment Signed)

4. Audrey Ashton-Savage is the duly elected President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.


(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Rockingham

The forgoing instrument was acknowledged before me this 29th day of May, 2018,

By T. Chris Drew.
(Name of Elected Officer of the Agency)


(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: **MICHELLE L. GAUDET, Notary Public**
My Commission Expires August 2, 2022

LAMPREY HEALTH CARE

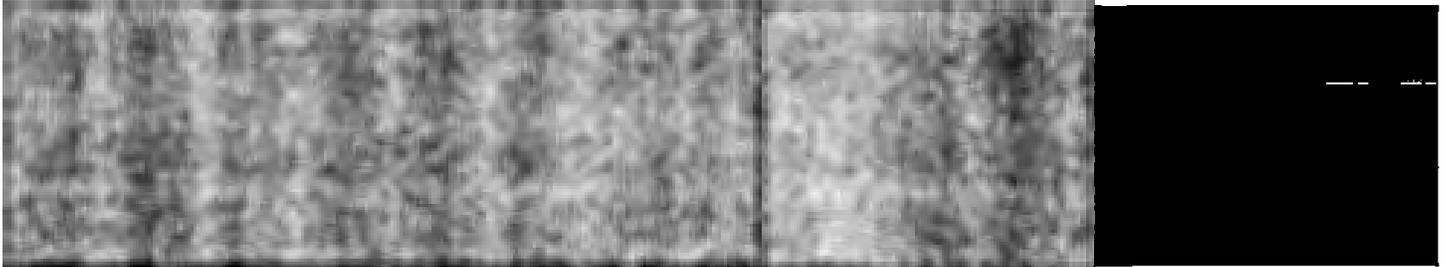
Where Excellence and Caring go Hand in Hand

Mission

Lamprey Health Care's Mission is to provide high quality primary medical care and health related services with an emphasis on prevention and lifestyle management to all individuals regardless of ability to pay.

Seacoast Public Health Network Mission

The mission of Seacoast PHN is to strengthen public health partnerships in emergency preparedness, community health, and substance misuse prevention in order to better serve our communities.



LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

September 30, 2017 and 2016

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc., which comprise the consolidated balance sheets as of September 30, 2017 and 2016, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. as of September 30, 2017 and 2016, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2017 and 2016, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis rather than to present the financial position and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
December 13, 2017

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Balance Sheets

September 30, 2017 and 2016

ASSETS

	<u>2017</u>	<u>2016</u>
Current assets		
Cash and cash equivalents	\$ 1,196,504	\$ 1,297,839
Patient accounts receivable, less allowance for uncollectible accounts of \$233,455 in 2017 and \$278,061 in 2016	1,071,115	1,078,036
Grants receivable	476,151	230,153
Other receivables	85,357	146,634
Inventory	63,579	-
Other current assets	<u>160,946</u>	<u>91,072</u>
Total current assets	3,053,652	2,843,734
Investment in limited liability company	20,298	16,204
Assets limited as to use	<u>3,425,833</u>	<u>3,576,001</u>
Property and equipment, net	<u>7,870,894</u>	<u>7,995,234</u>
Total assets	<u>\$14,370,677</u>	<u>\$14,431,173</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 396,284	\$ 227,044
Accrued payroll and related expenses	880,477	816,452
Deferred revenue	89,040	84,523
Current maturities of long-term debt	<u>97,502</u>	<u>87,270</u>
Total current liabilities	1,463,303	1,215,289
Long-term debt, less current maturities	<u>2,243,339</u>	<u>2,345,388</u>
Market value of interest rate swap	<u>13,769</u>	<u>44,773</u>
Total liabilities	<u>3,720,411</u>	<u>3,605,450</u>
Net assets		
Unrestricted	10,176,258	10,343,967
Temporarily restricted	<u>474,008</u>	<u>481,756</u>
Total net assets	<u>10,650,266</u>	<u>10,825,723</u>
Total liabilities and net assets	<u>\$14,370,677</u>	<u>\$14,431,173</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Operations

Years Ended September 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Operating revenue		
Patient service revenue	\$ 8,906,722	\$ 8,559,018
Provision for bad debts	<u>(274,770)</u>	<u>(245,051)</u>
Net patient service revenue	8,631,952	8,313,967
Grants, contracts and contributions	5,262,945	5,386,459
Other operating revenue	877,054	1,051,497
Net assets released from restriction for operations	<u>75,190</u>	<u>48,277</u>
Total operating revenue	<u>14,847,141</u>	<u>14,800,200</u>
Operating expenses		
Salaries and wages	9,361,791	8,905,482
Employee benefits	1,860,717	1,732,731
Supplies	593,252	643,271
Purchased services	1,526,562	1,136,048
Facilities	589,108	519,444
Other operating expenses	590,580	710,086
Insurance	137,232	136,597
Depreciation	444,584	359,456
Interest	<u>117,623</u>	<u>113,562</u>
Total operating expenses	<u>15,221,449</u>	<u>14,256,677</u>
Operating (loss) income and (deficit) excess of revenue over expenses	(374,308)	543,523
Change in fair value of financial instrument	31,004	(7,062)
Grants for capital acquisition	166,366	232,894
Net assets released from restriction for capital acquisition	<u>9,229</u>	<u>9,229</u>
(Decrease) increase in unrestricted net assets	<u>\$ (167,709)</u>	<u>\$ 778,584</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Changes in Net Assets

Years Ended September 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Unrestricted net assets		
(Deficit) excess of revenue over expenses	\$ (374,308)	\$ 543,523
Change in fair value of financial instrument	31,004	(7,062)
Grants for capital acquisition	166,366	232,894
Net assets released from restriction for capital acquisition	<u>9,229</u>	<u>9,229</u>
(Decrease) increase in unrestricted net assets	<u>(167,709)</u>	<u>778,584</u>
Temporarily restricted net assets		
Provision for uncollectible pledges	(1,100)	-
Contributions	77,771	87,379
Net assets released from restrictions for operations	(75,190)	(48,277)
Net assets released from restrictions for capital acquisition	<u>(9,229)</u>	<u>(9,229)</u>
(Decrease) increase in temporarily restricted net assets	<u>(7,748)</u>	<u>29,873</u>
Change in net assets	<u>(175,457)</u>	<u>808,457</u>
Net assets, beginning of year	<u>10,825,723</u>	<u>10,017,266</u>
Net assets, end of year	<u>\$10,650,266</u>	<u>\$10,825,723</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Statements of Cash Flows

Years Ended September 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities		
Change in net assets	\$ (175,457)	\$ 808,457
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Provision for bad debts	274,770	245,051
Depreciation	444,584	359,456
Equity in earnings of limited liability company	(4,094)	(15,704)
Change in fair value of financial instrument	(31,004)	7,062
Grants for capital acquisition	(166,366)	(232,894)
Write off of uncollectible pledges	1,100	-
(Increase) decrease in the following assets:		
Patient accounts receivable	(267,849)	(271,353)
Grants receivable	(245,998)	269,218
Other receivable	61,277	(20,108)
Inventory	(63,579)	-
Other current assets	(69,874)	11,690
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	169,240	(76,510)
Accrued payroll and related expenses	64,025	(216,391)
Deferred revenue	4,517	(37,612)
Net cash (used) provided by operating activities	<u>(4,708)</u>	<u>830,362</u>
Cash flows from investing activities		
Increase in designated funds	(591,411)	(2,276,818)
Release of designated funds	740,479	707,573
Capital expenditures	<u>(320,244)</u>	<u>(569,864)</u>
Net cash used by investing activities	<u>(171,176)</u>	<u>(2,139,109)</u>
Cash flows from financing activities		
Grants for capital acquisition	166,366	232,894
Principal payments on long-term debt	<u>(91,817)</u>	<u>(87,453)</u>
Net cash provided by financing activities	<u>74,549</u>	<u>145,441</u>
Net decrease in cash and cash equivalents	(101,335)	(1,163,306)
Cash and cash equivalents, beginning of year	<u>1,297,839</u>	<u>2,461,145</u>
Cash and cash equivalents, end of year	<u>\$ 1,196,504</u>	<u>\$ 1,297,839</u>
Supplemental disclosure of cash flow information		
Cash paid for interest	\$ 117,623	\$ 113,562

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

Organization

Lamprey Health Care, Inc. (LHC) is a non-stock, non-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide quality-based family health and medical services to residents of southern New Hampshire without regard to the patient's ability to pay for these services.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a non-stock, non-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket, New Hampshire. LHC is the sole member of FLHC.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds and exclude assets limited as to use.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past collection history and identifies trends for all funding sources in the aggregate. In addition, balances in excess of one year are 100% reserved. Management regularly reviews revenue and payer mix data in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows:

	<u>2017</u>	<u>2016</u>
Balance, beginning of year	\$ 278,061	\$ 319,715
Provision	274,770	245,051
Write-offs	<u>(319,376)</u>	<u>(286,705)</u>
Balance, end of year	<u>\$ 233,455</u>	<u>\$ 278,061</u>

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investment in Limited Liability Company

The Organization is one of eight partners who each made a capital contribution of \$500 to Primary Health Care Partners (PHCP) during 2015. The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the medical home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model; and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the state of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to \$20,298 and \$16,204 at September 30, 2017 and 2016, respectively.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

Assets Limited as To Use

Assets limited as to use include assets set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan, assets designated by the board of directors for specific projects or purposes and donor-restricted contributions.

Property and Equipment

Property and equipment acquisitions are recorded at cost, less accumulated depreciation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Temporarily Restricted Net Assets

Temporarily restricted net assets include contributions and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor. Restricted grants received prior to 2000 and restricted for capital acquisition are released from restriction over the life of the related acquired assets, matching depreciation expense.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

LHC, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. LHC contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of LHC and bills Medicare and commercial insurances on behalf of LHC. Reimbursement received by the pharmacies is remitted to LHC net of dispensing and administrative fees. Revenue generated from the program is included in patient service revenue net of third party allowances. The cost of drug replenishments and contracted expenses incurred related to the program are included in other operating expenses.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

Charity Care

The Organization provides discounts to patients who meet certain criteria under its sliding fee discount program. Because the Organization does not pursue collection of amounts determined to qualify for the sliding fee discount, they are not reported as patient service revenue.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received and the conditions are met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements.

Functional Expenses

The Organization provides health care and wrap around services, including translation and care management, to residents of the greater Newmarket, Raymond, and Nashua, New Hampshire communities. Expenses related to providing these services are classified by their general nature as follows:

	<u>2017</u>	<u>2016</u>
Program services	\$ 11,385,329	\$ 12,177,340
Administrative and general	<u>3,836,120</u>	<u>2,079,337</u>
Total	<u>\$ 15,221,449</u>	<u>\$ 14,256,677</u>

(Deficit) Excess of Revenue Over Expenses

The consolidated statements of operations reflect the (deficit) excess of revenue over expenses. Changes in unrestricted net assets which are excluded from this measure, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and changes in fair value of an interest rate swap.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 13, 2017, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Assets Limited as to Use

Assets limited as to use are composed of cash and cash equivalents and consist of the following:

	<u>2017</u>	<u>2016</u>
United States Department of Agriculture, Rural Development (Rural Development) loan agreements Designated by the governing board Donor restricted, temporarily	\$ 142,587	\$ 142,495
	<u>2,924,858</u>	<u>3,076,600</u>
	<u>358,388</u>	<u>356,906</u>
Total	<u>\$ 3,425,833</u>	<u>\$ 3,576,001</u>

3. Property and Equipment

Property and equipment consists of the following:

	<u>2017</u>	<u>2016</u>
Land	\$ 1,146,784	\$ 1,146,784
Building and improvements	10,829,267	10,960,901
Furniture, fixtures and equipment	<u>1,685,929</u>	<u>1,909,684</u>
Total cost	13,661,980	14,017,369
Less accumulated depreciation	<u>5,791,086</u>	<u>6,022,135</u>
Property and equipment, net	<u>\$ 7,870,894</u>	<u>\$ 7,995,234</u>

In 2011, the Organization made renovations to certain buildings with federal grant funding under the ARRA – Facility Improvement Program. In accordance with the grant agreement, a Notice of Federal Interest (NFI) was filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

4. Line of Credit

The Organization has an available \$1,000,000 revolving line of credit from a local bank through May 2019, with an interest rate of 4.25%. The line of credit is collateralized by all business assets. There was no outstanding balance at September 30, 2017 and 2016.

5. Long-Term Debt

Long-term debt consists of the following:

	<u>2017</u>	<u>2016</u>
Promissory note payable to local bank; see terms outlined below.	\$ 894,652	\$ 914,652
4.375% promissory note payable to Rural Development, paid in monthly installments of \$5,000, which includes interest, through December 2036. The note is collateralized by all tangible property owned by the Organization.	777,466	802,850
5.375% promissory note payable to Rural Development, paid in monthly installments of \$4,949, which includes interest, through June 2026. The note is collateralized by all tangible property owned by the Organization.	413,615	449,728
4.75% promissory note payable to Rural Development, paid in monthly installments of \$1,892, which includes interest, through November 2033. The note is collateralized by all tangible property owned by the Organization.	<u>255,108</u>	<u>265,428</u>
Total long-term debt	2,340,841	2,432,658
Less current maturities	<u>97,502</u>	<u>87,270</u>
Long-term debt, less current maturities	<u>\$ 2,243,339</u>	<u>\$ 2,345,388</u>

The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 30 years, with monthly principal payments of \$1,345 plus interest at 85% of the one-month LIBOR rate plus 2.125% through January 2022 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2022 that limits the potential interest rate fluctuation and essentially fixes the rate at 4.13%. The fair market value of the interest rate swap agreement was a liability of \$13,769 and \$44,773 at September 30, 2017 and 2016, respectively.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

New Hampshire Health and Educational Facilities Authority (NHHEFA) participated in the lending for 30% of the promissory note, amounting to \$300,000 through May 2016. Under the NHHEFA program, the interest rate on that portion was not subject to the swap agreement and was a variable rate based on 50% of the interest rate charged by the local banking institution, which was 85% of the one-month LIBOR rate plus 2.125%.

The Organization is required to meet certain administrative and financial covenants under various loan agreements included above. The Organization is in compliance with all loan covenants at September 30, 2017.

Maturities of long-term debt for the next five years are as follows:

2018	\$	97,502
2019		102,093
2020		106,962
2021		112,067
2022		892,951
Thereafter		<u>1,029,266</u>
-----Total-----		<u>\$ 2,340,841</u>

6. Temporarily Restricted Net Assets

Temporarily restricted net assets consisted of the following:

	<u>2017</u>	<u>2016</u>
Temporarily restricted for:		
Capital improvements (expended)	\$ 115,620	\$ 124,850
Dental	-	8,998
Community programs	320,645	289,037
Education	-	10,636
Substance abuse prevention	<u>37,743</u>	<u>48,235</u>
Total	<u>\$ 474,008</u>	<u>\$ 481,756</u>

The composition of assets comprising temporarily restricted net assets at September 30, 2017 and 2016 is as follows:

	<u>2017</u>	<u>2016</u>
Assets limited as to use	\$ 358,388	\$ 356,906
Property and equipment	<u>115,620</u>	<u>124,850</u>
Total	<u>\$ 474,008</u>	<u>\$ 481,756</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

7. Patient Service Revenue

Patient service revenue follows:

	<u>2017</u>	<u>2016</u>
Gross charges	\$12,752,924	\$12,266,368
340B pharmacy revenue	<u>1,198,264</u>	<u>1,031,373</u>
Total gross revenue	13,951,188	13,297,741
Contractual adjustments	(4,155,815)	(3,841,311)
Sliding fee scale discounts	(869,606)	(893,221)
Other discounts	<u>(19,045)</u>	<u>(4,191)</u>
Total patient service revenue	<u>\$ 8,906,722</u>	<u>\$ 8,559,018</u>

Revenue from the Medicaid and Medicare programs accounted for approximately 28% and 16%, respectively, of the Organization's gross patient service revenue for the year ended September 30, 2017 and 31% and 16%, respectively, for the year ended September 30, 2016. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through September 30, 2016.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately \$1,096,647 and \$942,628 for the years ended September 30, 2017 and 2016, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

8. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed \$349,378 and \$326,988 for the years ended September 30, 2017 and 2016, respectively.

9. Concentration of Risk

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of accounts receivable, by funding source, at September 30:

	<u>2017</u>	<u>2016</u>
Medicare	18 %	22 %
Medicaid	15 %	17 %
Anthem Blue Cross Blue Shield	14 %	11 %
Other payers	53 %	50 %
	<u>100 %</u>	<u>100 %</u>

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2017 and September 30, 2016, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 77% and 83%, respectively, of grants, contracts and contributions.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Financial Statements

September 30, 2017 and 2016

10. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended September 30, 2017, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

SUPPLEMENTARY INFORMATION

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2017

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2017 Consolidated
Current assets			
Cash and cash equivalents	\$ 543,845	\$ 652,659	\$ 1,196,504
Patient accounts receivable, net	1,071,115	-	1,071,115
Grants receivable	476,151	-	476,151
Other receivables	85,357	-	85,357
Inventory	63,579	-	63,579
Other current assets	<u>160,946</u>	<u>-</u>	<u>160,946</u>
Total current assets	2,400,993	652,659	3,053,652
Investment in limited liability company	20,298	-	20,298
Assets limited as to use	3,141,359	284,474	3,425,833
Property and equipment, net	<u>5,869,762</u>	<u>2,001,132</u>	<u>7,870,894</u>
Total assets	<u>\$11,432,412</u>	<u>\$ 2,938,265</u>	<u>\$ 14,370,677</u>

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	\$ 393,269	\$ 3,015	\$ 396,284
Accrued payroll and related expenses	880,477	-	880,477
Deferred revenue	89,040	-	89,040
Current maturities of long-term debt	<u>60,169</u>	<u>37,333</u>	<u>97,502</u>
Total current liabilities	1,422,955	40,348	1,463,303
Long-term debt, less current maturities	1,248,098	995,241	2,243,339
Market value of interest rate swap	<u>13,769</u>	<u>-</u>	<u>13,769</u>
Total liabilities	<u>2,684,822</u>	<u>1,035,589</u>	<u>3,720,411</u>
Net assets			
Unrestricted	8,273,582	1,902,676	10,176,258
Temporarily restricted	<u>474,008</u>	<u>-</u>	<u>474,008</u>
Total net assets	<u>8,747,590</u>	<u>1,902,676</u>	<u>10,650,266</u>
Total liabilities and net assets	<u>\$11,432,412</u>	<u>\$ 2,938,265</u>	<u>\$ 14,370,677</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2016

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2016 Consolidated
Current assets			
Cash and cash equivalents	\$ 752,675	\$ 545,164	\$ 1,297,839
Patient accounts receivable, net	1,078,036	-	1,078,036
Grants receivable	230,153	-	230,153
Other receivables	146,634	-	146,634
Other current assets	<u>91,072</u>	<u>-</u>	<u>91,072</u>
Total current assets	2,298,570	545,164	2,843,734
Investment in limited liability company	16,204	-	16,204
Assets limited as to use	3,271,814	304,187	3,576,001
Property and equipment, net	<u>5,936,064</u>	<u>2,059,170</u>	<u>7,995,234</u>
Total assets	<u>\$11,522,652</u>	<u>\$ 2,908,521</u>	<u>\$ 14,431,173</u>

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	\$ 227,044	\$ -	\$ 227,044
Accrued payroll and related expenses	816,452	-	816,452
Deferred revenue	84,523	-	84,523
Current maturities of long-term debt	<u>51,570</u>	<u>35,700</u>	<u>87,270</u>
Total current liabilities	1,179,589	35,700	1,215,289
Long-term debt, less current maturities	1,312,810	1,032,578	2,345,388
Market value of interest rate swap	<u>44,773</u>	<u>-</u>	<u>44,773</u>
Total liabilities	<u>2,537,172</u>	<u>1,068,278</u>	<u>3,605,450</u>
Net assets			
Unrestricted	8,503,724	1,840,243	10,343,967
Temporarily restricted	<u>481,756</u>	<u>-</u>	<u>481,756</u>
Total net assets	<u>8,985,480</u>	<u>1,840,243</u>	<u>10,825,723</u>
Total liabilities and net assets	<u>\$11,522,652</u>	<u>\$ 2,908,521</u>	<u>\$ 14,431,173</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2017

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2017 Consolidated
Operating revenue				
Patient service revenue	\$ 8,906,722	\$ -	\$ -	\$ 8,906,722
Provision for bad debts	<u>(274,770)</u>	<u>-</u>	<u>-</u>	<u>(274,770)</u>
Net patient service revenue	8,631,952	-	-	8,631,952
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	5,262,945	-	-	5,262,945
Other operating revenue	876,963	91	-	877,054
Net assets released from restriction for operations	<u>75,190</u>	<u>-</u>	<u>-</u>	<u>75,190</u>
Total operating revenue	<u>14,847,050</u>	<u>228,007</u>	<u>(227,916)</u>	<u>14,847,141</u>
Operating expenses				
Salaries and wages	9,361,791	-	-	9,361,791
Employee benefits	1,860,717	-	-	1,860,717
Supplies	593,070	182	-	593,252
Purchased services	1,526,457	105	-	1,526,562
Facilities	803,891	13,133	(227,916)	589,108
Other operating expenses	586,192	4,388	-	590,580
Insurance	137,232	-	-	137,232
Depreciation	346,833	97,751	-	444,584
Interest expense	<u>67,608</u>	<u>50,015</u>	<u>-</u>	<u>117,623</u>
Total operating expenses	<u>15,283,791</u>	<u>165,574</u>	<u>(227,916)</u>	<u>15,221,449</u>
Operating (loss) income and (deficit) excess of revenue over expenses	(436,741)	62,433	-	(374,308)
Change in fair value of financial instrument	31,004	-	-	31,004
Grants for capital acquisition	166,366	-	-	166,366
Net assets released from restrictions for capital acquisition	<u>9,229</u>	<u>-</u>	<u>-</u>	<u>9,229</u>
(Decrease) increase in unrestricted net assets	<u>\$ (230,142)</u>	<u>\$ 62,433</u>	<u>\$ -</u>	<u>\$ (167,709)</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2016

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2016 Consolidated
Operating revenue				
Patient service revenue	\$ 8,559,018	\$ -	\$ -	\$ 8,559,018
Provision for bad debts	<u>(245,051)</u>	<u>-</u>	<u>-</u>	<u>(245,051)</u>
Net patient service revenue	8,313,967	-	-	8,313,967
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	5,386,459	-	-	5,386,459
Other operating revenue	1,051,419	78	-	1,051,497
Net assets released from restriction for operations	<u>48,192</u>	<u>85</u>	<u>-</u>	<u>48,277</u>
Total operating revenue	<u>14,800,037</u>	<u>228,079</u>	<u>(227,916)</u>	<u>14,800,200</u>
Operating expenses				
Salaries and wages	8,905,482	-	-	8,905,482
Employee benefits	1,732,731	-	-	1,732,731
Supplies	643,191	80	-	643,271
Purchased services	1,136,048	-	-	1,136,048
Facilities	731,597	15,763	(227,916)	519,444
Other operating expenses	707,003	3,083	-	710,086
Insurance	136,597	-	-	136,597
Depreciation	259,514	99,942	-	359,456
Interest	<u>64,999</u>	<u>48,563</u>	<u>-</u>	<u>113,562</u>
Total operating expenses	<u>14,317,162</u>	<u>167,431</u>	<u>(227,916)</u>	<u>14,256,677</u>
Operating income and excess of revenue over expenses	482,875	60,648	-	543,523
Change in fair value of financial instrument	(7,062)	-	-	(7,062)
Grants for capital acquisition	232,894	-	-	232,894
Net assets released from restrictions for capital acquisition	<u>9,229</u>	<u>-</u>	<u>-</u>	<u>9,229</u>
Increase in unrestricted net assets	<u>\$ 717,936</u>	<u>\$ 60,648</u>	<u>\$ -</u>	<u>\$ 778,584</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2017

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2017 Consolidated
Unrestricted net assets			
(Deficit) excess of revenue over expenses	(436,741)	62,433	(374,308)
Change in fair value of financial instrument	31,004	-	31,004
Grants for capital acquisition	166,366	-	166,366
Net assets released from restrictions for capital acquisition	<u>9,229</u>	<u>-</u>	<u>9,229</u>
(Decrease) increase in unrestricted net assets	<u>(230,142)</u>	<u>62,433</u>	<u>(167,709)</u>
Temporarily restricted net assets			
Write off of uncollectible pledge	(1,100)	-	(1,100)
Contributions	77,771	-	77,771
Net assets released from restrictions for operations	(75,190)	-	(75,190)
Net assets released from restrictions for capital acquisition	<u>(9,229)</u>	<u>-</u>	<u>(9,229)</u>
Decrease in temporarily restricted net assets	<u>(7,748)</u>	<u>-</u>	<u>(7,748)</u>
Change in net assets	(237,890)	62,433	(175,457)
Net assets, beginning of year	<u>8,985,480</u>	<u>1,840,243</u>	<u>10,825,723</u>
Net assets, end of year	<u>\$ 8,747,590</u>	<u>\$ 1,902,676</u>	<u>\$ 10,650,266</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2016

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2016 Consolidated
Unrestricted net assets			
Excess of revenue over expenses	\$ 482,875	\$ 60,648	\$ 543,523
Change in fair value of financial instrument	(7,062)	-	(7,062)
Grants for capital acquisition	232,894	-	232,894
Net assets released from restrictions for capital acquisition	<u>9,229</u>	<u>-</u>	<u>9,229</u>
Increase in unrestricted net assets	<u>717,936</u>	<u>60,648</u>	<u>778,584</u>
Temporarily restricted net assets			
Provision for uncollectible pledges	-	-	-
Contributions	87,379	-	87,379
Net assets released from restrictions for operations	(48,192)	(85)	(48,277)
Net assets released from restrictions for capital acquisition	<u>(9,229)</u>	<u>-</u>	<u>(9,229)</u>
Increase (decrease) in temporarily restricted net assets	<u>29,958</u>	<u>(85)</u>	<u>29,873</u>
Change in net assets	747,894	60,563	808,457
Net assets, beginning of year	<u>8,237,586</u>	<u>1,779,680</u>	<u>10,017,266</u>
Net assets, end of year	<u>\$ 8,985,480</u>	<u>\$ 1,840,243</u>	<u>\$ 10,825,723</u>

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2017-2018 Board of Directors

Audrey Ashton-Savage
(Chair/President)
Term Ends 2018

Frank Goodspeed (Vice President)
Term Ends 2020

Mark E. Howard, Esq. (Treasurer)
Term Ends 2020

Thomas "Chris" Drew (Secretary)
Term Ends 2019

Amanda Pears Kelly
Term Ends 2020

Arvind Ranade
Term Ends 2018

Carol LaCross
Term Ends 2018

Elizabeth Crepeau
Immediate Past President
Term ends 2018

Heather Long
Term ends 2019

Raymond Goodman, III
Term ends 2018

Rev. W. Allan Knight
Term Ends 2018

Robert S. Woodward
Term Ends 2019

Wilberto Torres
Term Ends 2019

Edward Nyette
Term Ends 2019

Lara Rice
Term Ends 2020

Landon Gamble
Term Ends 2020

Robert Gilbert
Term Ends 2020

Non-Voting Board Member

Michael Merenda,
Board Member *Emeritus*

MARY R. COOK, M.Ed, CHES

WORK EXPERIENCE:

July 2015 to Present

**Public Health Emergency Preparedness Manager
Seacoast Public Health Network/ a program of Lamprey
Health Care Inc.**

- A. Responsible for the management and implementation of grant-funded work plans/scopes of services associated with the Public Health Network, Pandemic Planning, and related emergency response as well as public health grants, on schedule and within budget; serves as the conduit between funders and planning partners on plan requirements and ensures compliance with state and federal regulations as appropriate.
- B. Schedules, convenes and facilitates regular meetings of the Seacoast Emergency Preparedness Team. Prepares meeting minutes and provides follow-up. Responsible for the coordination of Point of Dispensing (PODs) in the seacoast region.
- C. Provides requisite planning activity reports, budget submissions, and/or other required documentation for federal and state emergency response funding sources. Attends in-state meetings of grantors as appropriate.
- D. Engages community partners in public health improvement process; develops and implements communications plan for public health and emergency response preparation initiatives.
- E. Manages and Updates the Regional Public Health Emergency Annex to meet Centers for Disease Control planning guidelines and local standard operating guidelines.
- F. Prepares and manages an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of Strategic National Stockpile (DSNS). The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.

May 1, 2011 to June 2015

**Public Health Emergency Preparedness Coordinator
Exeter Fire Department and the Seacoast Public Health
Network**

- Responsible for providing Regional Public Health Preparedness, Response, and Recovery for the Seacoast Public Health region
- Medical Reserve Corps Director
- Seacoast Public Health Advisory Council co-facilitator

December 2008 to April 2011

**York Hospital and the Healthy Maine Partnerships
District Tobacco Coordinator**

Provided support and guidance to the York District Healthy Maine Partnerships assuring that a coordinated, comprehensive, systematic, and evidence based approach to tobacco prevention and control is implemented throughout the district.

February 2005 to
December 2008

City of Portsmouth, NH
Public Health Coordinator

Provided coordination of the Greater Portsmouth Public Health Network that includes the towns of New Castle, Rye, Newington, Greenland and the City of Portsmouth in assessment, policy development, and assurance of the Ten Essential Services of Public Health. Responsible for development of All Health Hazard Community Response Plan, Pandemic Plan, Isolation and Quarantine, Point of Distribution, Risk Communication, Medical Surge and Volunteer plans for the Greater Portsmouth Emergency Planning Response Team. Designed, conducted, and evaluated a series of workshops, table tops and full scale exercises to test the region's communications, command and control, emergency operation center and response to all health hazards.

June 2003-February 2005

American Red Cross Great Bay Chapter
Director of Health and Safety Services

Provided coordinated planning, implementation, and evaluation of Health and Safety Services within the chapter's jurisdiction. Responsibilities included needs assessment, marketing, program and human resources development, managed a \$200,000 budget.

November 2003-June 2003

American Red Cross Great Bay Chapter
**Tobacco Prevention Director for The
Rochester Tobacco Free Coalition:**

Developed and coordinated a coalition whose mission was to promote and advocate for a tobacco free lifestyle by providing education, awareness and support to youth and families in Rochester.

Supervised two youth coordinators who coordinated youth mentoring programs at the Rochester Middle School.

Established goals and objectives with coalition members.

2000-November 2003

Dover Police Department, Dover, N.H.
Substance Abuse Prevention Coordinator:

Youth Advisor for a 250-member coalition

Instructor for tobacco education classes

Coordinator of educational activities/programs

related to substance abuse issues

Representative for state and local tobacco advisory committees

1991-1999

Franklin Regional Hospital, Franklin, N.H.

Health Educator

Safety and Wellness Instructor for adults and teens

Smoking Cessation Specialist

Women's Health Educator

Coordinated youth tobacco-free coalition

Coordinated annual Health and Safety Fairs

Designed, promoted, and evaluated health and wellness programs at schools and businesses

EDUCATION:

Notre Dame College, Manchester, N.H.

Bachelor of Arts Degree in Business Education, 1984

Plymouth State College, Plymouth, N.H.

Masters Degree in Education/ Health Promotion and Wellness Management, 2002

MARIA REYES

PROFESSIONAL SUMMARY

Innovative senior level director with over 15 years of versatile non-profit management experience. Demonstrated track record of managing financially sustainable federal, state and private foundation programs with measurable outcomes and community impact. Experience includes overseeing youth and adult community programs with immigrants, refugees and underserved populations in a variety of settings including health, social services, public schools, and other institutions.

Substance Misuse and Substance Use Disorder treatment and prevention experience with all levels of care providing direct counseling, case management and community education. Additional leadership experience includes Board of Director's service, appointed to local government positions and chair a variety of community coalitions.

Skills and Knowledge:

- Public Health and Strategic planning/Logic model
 - Cultural competency training-Limited English Proficiency Populations (LEP)
 - Bilingual English/Spanish
 - Substance Misuse/SUD counseling and prevention educator
 - Community mobilization in diverse communities
 - Government, state and private grant management
 - Versatile clinical experience across the continuum of care from Acute care, Inpatient and Outpatient settings, residential, case management and recovery support
 - Grant Program design and implementation
-

**Seacoast Public Health Network-Lamprey HealthCare
Continuum of Care Coordinator (COC-F)**

**Raymond, NH
October 2016-Current**

Promoted to COC position and supervision of SMP program.

- Responsibilities include assess services availability within the continuum of care: prevention, intervention, treatment and recovery support services, including the regions' current assets and capacity for regional level services.
- Oversee and convene stakeholders to establish a plan, based on the assessment, to address the gaps and build the capacity to increase substance use disorder services across the continuum of care.

Community Highlights Include:

- Over 150 Naloxone kits distributed at community distribution events
- Co-trainer "Train the Trainer " Narcan administration to over 50 participants with Seacoast mental health professionals and other social service agencies.
- Provide technical support to Granite Youth Alliance which helped expand program from five schools to seven in two years.

MARIA REYES

**Seacoast Public Health Network-Lamprey HealthCare
Substance Misuse Prevention Coordinator (SMP)**

**Raymond NH
October 2015-October 2016**

Responsible for executing the goals and objectives of the Seacoast Public Health substance misuse prevention strategic plan that aligns with the NH Bureau of Drugs and Alcohol Services Governor's Commission-Collective Action-Community Impact plan to decrease and mitigate NH's opioid public health crisis and decrease substance misuse and substance use disorders across the life span with emphasis on youth and young adults.

Community Highlights Include:

- Successful coordination of ten local community forums on the opiate public health crisis/Substance misuse prevention with over 500 participants.
- Member of the local hospital steering committee for community health needs assessment. Coordinated largest forum with over 110 senior citizens-Disseminated over 75 handouts to inform community of SUD/Mental Health community resources and collected data to identify gaps and assets in hospital's service area.
- Assisted local community coalition to build infrastructure and governance to address community substance misuse by educating coalition members and identify GAPS and Resources.
- Local law enforcement became a Safe Station.
- Coordinated SPHN National DEA take back event-Over ½ ton of unused medications collected in several participating seacoast communities.

YWCA Tulsa

Director of Immigrant and Refugee Program

**Tulsa, Oklahoma
2000-April 2015**

Responsible for the direct oversight of a team of 35+ diverse professionals from over 10 countries and center operations. Diversified agency funding portfolio thru fee for services, augmented new foundation dollars thru solid community/donor relationships, and generated state/local government funding from \$450,000 to 1 million plus. Responsible for direct oversight of core program services including Legal Services-Immigration/naturalization, English Language Learning Program, Refugee resettlement and other initiatives to empower underserved communities. Forged solid partnerships and collaborations to implement community programs that address community health issues such as substance misuse/abuse, diabetes prevention, American Heart Association-Red Dress-"Vestido Rojo" Campaign, Mental Health depression screenings, and others.

Highlights:

- Instituted first medical Spanish elective course at Oklahoma State University Osteopathic College of Medicine for first and second year medical students.
- Reputation as skilled collaborator with strong partnerships-key member of community wide coalition that helped facilitate a one million dollar Robert Wood Johnson Foundation grant for Latino diabetes prevention health program.
- Member of the Oklahoma Methamphetamine Prevention Task force
- Key designer of promising practice "Project Citizenship" "Naturalization Program" funded by Homeland Security Office of Immigration and Naturalization Services.

MARIA REYES

141 Brentwood Rd. Exeter, New Hampshire 03833 ♦ (918) 706-8061 ♦ mtrhollylane55@gmail.com

**Parkside Behavioral Health, Inc.
Oklahoma Certified Drug and Alcohol Counselor**

**Tulsa, Oklahoma
1990-2000**

- First mental health professional in Tulsa to create and implement community depression screenings to limited English proficiency populations.
- Launched the first Spanish-speaking case management caseload in the hospital's history.
- Trained agency staff on developing culturally competent practices for Limited English Proficiency populations.
- Crucial member of multidisciplinary team that assisted with court order evaluations.

**Tulsa Community College
Adjunct Instructor, Part-Time**

**Tulsa, Oklahoma
2003-2006**

- Taught Substance Abuse Course to community college students.

CREDENTIALS

EDUCATION Plymouth State University, Plymouth New Hampshire-B.A. Spanish, Latin American Studies
University of Valencia Spain-Junior Year Abroad program

CERTIFICATION Certified Oklahoma Drug and Alcohol Counselor since 1990, (current) #226
(Maintain 20 CEU's yearly in addiction/mental health)

SKILLS Oklahoma Non-Profit Management Training
Proficient in Microsoft products, bilingual in Spanish and English
Public Speaking, Teaching

ACHIEVEMENTS YWCA Tulsa Community Outstanding Service Award-2015
Tulsa Partners-Language Cultural Bank Volunteer of the Year 2011
Tulsa Mental Health Association Education Award 2005
Parkside Hospital Employee of the Year
Plymouth State University, New Hampshire- Foreign Language Award

COMMUNITY Vice President of Coalition of Hispanic Organizations
Board member of Tulsa Mental Health Association
Board member and Co-President of Tulsa Language Cultural Bank
Appointed Commissioner for the Tulsa Mayor's Commission on the Status of Women

References available upon request

OBJECTIVE

My goal is to bring awareness to Substance Use Disorders by educating and assisting those in need, as well as the general public, to services and initiatives available throughout the state of New Hampshire.

KEY SKILLS

- Care Coordination
- Community Event Planning
- Design and implementation of marketing strategies as well as associated materials
- Time Management
- Problem-solving and crisis intervention
- Client representation and advocacy

EDUCATION & PROFESSIONAL DEVELOPMENT

- B.S. Retail Management, Southern New Hampshire University (May, 2012)
- Certified Recovery Support Worker, State of NH (March 2017)

WORK EXPERIENCE

SUBSTANCE MISUSE PREVENTION COORDINATOR • SEACOAST PUBLIC HEALTH NETWORK

JULY 2017 – PRESENT

- Engage the six community sectors (business, community & family supports, education, government, health, and safety) in prevention efforts.
- Raise awareness and provide community-level information and data with the goal of changing social and cultural norms.
- Increase the region's capacity to address Substance Misuse.
- Fulfill the grant administration requirements associated with the SMP portion of the RPHN contract.
- Ensure implementation of long term funding strategy and development plan
- Identify networking opportunities with on-going and other health concerns that will enhance the network.

RAPS SPECIALIST/CASE MANAGER • GRANITE PATHWAYS RAPS PROGRAM

SEPTEMBER 2016 – JULY 2017

- Conduct client screenings over the phone and in person, assist with Medicaid enrollment
- Ensure clients are seen and evaluated by a licensed drug and alcohol counselor and assist them in accessing the recommended level of treatment
- Serve as a liaison between Regional Access Point Services and the Capital Area and Greater Sullivan Public Health Networks, Region 2 IDN.
- Implementation of individualized treatment and recovery plans
- Continuous Recovery Monitoring for clients post discharge
- Weekly one-on-one case review with Regional Access Point Services (RAPS) Specialists
- Monthly reporting to the NH Bureau of Drug and Alcohol Services
- Design and development of all marketing materials

RECOVERY COACH • SAFE HARBOR RECOVERY CENTER

MARCH 2016 – SEPTEMBER 2016

- Assisting individuals with access to detox and treatment centers
- Assisting with the writing and execution of personal wellness plans
- Maintaining a weekly schedule of free classes, trainings and meetings for the recovery community
- Organizing fundraisers and community outreach to ensure long term success for the center

SENIOR BRIDAL STYLIST • MADELEINE'S DAUGHTER

JULY 2013 – JULY 2015

- Record sales of over \$500,000 per year
- Account management and event consulting
- Marketing and consulting for promotional events and outreach
- Attended Bridal Market and assisted with semi-annual buying trips
- Client relations and conflict resolution

Paula K. Smith, MBA, EdD

EDUCATION

Rivier University, Nashua NH
Doctoral Program in Education, Leadership and Learning, May 2018

American Evaluation Association/Centers for Disease Control, Summer Institute, June 2012

The Dartmouth Institute of Health Policy and Clinical Practice, Coach the Coach: The Art of Coaching and Improving Quality, Microsystems Process Improvement Training, 2009

American Society of Training & Development, Professional Trainer Certificate Program, Concord, NH, 2002.

Cultural Competency; Training of Trainers Program, CCHCP Training Institute, Seattle, WA, 2000

University of Massachusetts, Boston, Harbor Campus, Boston, MA 02125
Masters in Business Administration, 1991

Boston University School of Public Health, Boston, MA
Negotiation and Conflict Resolution for Health Care Management
(Training Program), 1991

University of New Hampshire, Durham, NH
Bachelor of Science, Health Administration and Planning, 1985

PROFESSIONAL EXPERIENCE

February 1998 **Director, Southern New Hampshire Area Health Education Center (AHEC)**
Present **Lamprey Health Care, Raymond, NH**

- Coordinates, plans and supervises the establishment and operation of a new AHEC center and programs designed to increase access to quality health care in southern NH.
- Partners with community-based providers and academic institutions to improve the supply and distribution of primary health care professionals and facilitates student placements in the community with an emphasis on medically underserved areas.
- Provides training opportunities for residents, nurse practitioners, social worker, physician assistant, nursing and medical students, as well as practicing providers.
- Develops and coordinates health care awareness programs for high school students with a focus on minority and disadvantaged populations.
- Coaches health center microteams in quality improvement initiatives.
- Oversees implementation of "Better Choices, Better Health" Chronic Disease Self-Management Program, including marketing, reporting, recruitment and management of leaders, and coordination of NH CDSMP Network, a learning community of leaders.

October 1995 to **Regional Services Coordinator**
February 1998 **New England Community Health Center Association, Woburn, MA**

- Provided technical assistance, policy analysis, and other membership services to state primary care associations in New England and the community health centers they serve;
- Coordinated educational sessions for primary care clinicians and administrators on a variety of health care topics; assisted in developing program for two community health conferences a year, as well as one-day programs;
- Acted as liaison for members of MIS/Fiscal Directors and other regional committees;
- Wrote grants, including concept development, implementation plans and budget, for government and foundation proposals;
- Designed survey instruments, analyzed data, and wrote reports for region-wide surveys of community health centers, including compensation survey, needs assessment for locum tenens, survey on management information systems, and survey on productivity and staffing ratios;
- Acted as Project Director of Phase III of the Mammography Access Project;
- Wrote and distributed quarterly newsletter to health centers and public health organizations throughout New England.

February 1992 to **Program Director**
October 1995 **Department of Medical Security, Boston, MA**
Paula K. Smith
Page.2

- Managed the Labor Shortage Initiative, a \$23 million state-wide program providing education and training opportunities in health care occupations; oversaw the allocation of funds to participating hospitals, colleges and universities, and community organizations; supervised the development of contracts; monitored program achievements.
- Developed, implemented, and managed the *Children's Medical Security Plan*, a health insurance program for uninsured children under the age of 13; negotiated and monitored contracts totaling nearly \$12 million with participating insurers; coordinated public relations and outreach activities related to the program; acted as a liaison with various advocacy groups.
- Managed *CenterCare*, a \$4 million managed care program providing services through contracts with 30 community health centers across the state; allocated resources to participating centers; developed and conducted training sessions on *CenterCare* program operations for health center staff; analyzed demographic and utilization data of participants.

May 1990 to **Contract Manager**
February 1992 **Department of Medical Security, Boston, MA**

- Coordinated the procurement process for both *CenterCare* and the Labor Shortage Initiative, which included writing Requests for Proposals (RFPs), reviewing and analyzing proposals, monitoring the contracting and administration of funded proposals, and acting as a liaison between interested parties;
- Monitored *CenterCare* by coordinating payments to contractors, conducting site visits at participating community health centers, and reporting on program status; managed administrative procedures and acted as a liaison between agencies for all contracts in accordance with regulations.

October 1988 to **Contract Specialist**
May 1990 **Office of the State Comptroller, Boston, MA**

- Assisted and instructed departments in the process of contract approval, as well as utilization of the state-wide automated accounting systems (MMARS);
- Developed policies in support of state regulations pertaining to contract approval.
- Supervised contract officers in the review and approval of statewide consultant contracts; created reports to monitor departmental activities; organized special projects.

January 1988 to **Contract Officer**
October 1988 **Office of the State Comptroller, Boston, MA**

- Reviewed and approved transactions on MMARS submitted by departments throughout the Commonwealth;
- Managed Tax Exempt Lease Purchase program of all departments in the Commonwealth;
- Utilized word processing and spreadsheet programs.

September 1985 to **Administrative Assistant**
January 1988 **Joseph M. Smith Community Health Center, Alston, MA**

- Provided assistance to the Executive Director in overall administration of health center,
- Assisted Finance Director in management of accounts, and prepared monthly invoices for all grant reimbursement, utilizing word processing and spreadsheet programs.
- Supervised the payroll system and managed personnel files for 60 employees;
- Acted as liaison between outside vendors and health center;
- Interviewed candidates for support staff positions.

AFFILIATIONS

Endowment for Health Board of Advisors, 2013-Present
Recipient of 2007 NH Office of Minority Health Women's Health Recognition Award
NH Leadership Board: American Lung Association, 2007-present
Recipient of 2006 National AHEC Center for Excellence Award in Community Programming
Leadership New Hampshire 2003 Associate
Member of National AHEC Organization
Organizational Recipient of 2002 Champions in Diversity Award for Education

References Available Upon Request

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Paula K. Smith	AHEC Director	\$110,055	11%	\$12106
Maria Reyes	COC Facilitator	61410	56.5%	34724.59
Mary Cook	EP Manager	60772	100%	60772
Olivia Dupell	Substance Misuse Prevention Coordinator	48466	74%	36018.64



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



44 mce

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

Table with 5 columns: VENDOR NAME, REGION SERVED, SFY 2018, SFY 2019, TOTAL. Lists 13 vendors and their funding amounts for 2018, 2019, and a total of \$10,415,869.

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

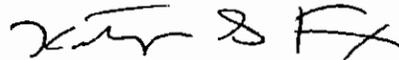
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

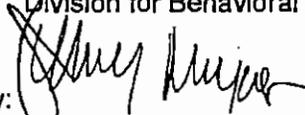


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES**
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health.

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)
1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

Regional Public Health Network
Services
RFP Name

RFP-2018-DPHS-01-REGION
RFP Number

Reviewer Names

Bidder Name (PHEP)

1.	City of Nashua
2.	Manchester Health Dept
3.	0
4.	0
5.	0
6.	0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennier Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-07

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.

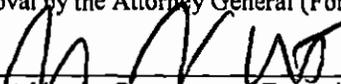
44.7

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Lamprey Health Care		1.4 Contractor Address 128 State Route 27 Raymond, NH 03077	
1.5 Contractor Phone Number 603-895-1514 ext 1	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$753,734
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Audrey Ashton-Savage, President	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Rockingham</u> On <u>May 4, 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace Michelle Gaudet, Notary		MICHELLE L. GAUDET, Notary Public My Commission Expires August 22, 2017	
1.14 State Agency Signature  Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.



Exhibit A

- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.

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Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.



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- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively



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lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.



5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care



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- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.



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- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.
- 6.1.4. **Continuum of Care**
 - The CoC facilitator shall:
 - 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
 - 6.1.4.2. Attend every other month CoC Facilitator meetings.
 - 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
 - 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
 - 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. **Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.



7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use



Exhibit A

- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
 - 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.



Exhibit A

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

**Regional Public Health Network Services -
Budget Request for: PHAC**

(Name of RFP)

Budget Period: SFY 2018

Item Description	Direct	Indirect	Total
1. Total Salary/Wages	\$ 20,865.37	\$ 2,086.54	\$ 22,951.91
2. Employee Benefits	\$ 4,746.87	\$ 474.69	\$ 5,221.56
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 200.00	\$ 20.00	\$ 220.00
6. Travel	\$ 800.00	\$ 80.00	\$ 880.00
7. Occupancy	\$ 60.00	\$ 6.00	\$ 66.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 400.53	\$ 40.00	\$ 440.53
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 200.00	\$ 20.00	\$ 220.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 27,272.77	\$ 2,727.23	\$ 30,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: AMS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

**Regional Public Health Network Services -
Budget Request for: PHAC**

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 20,947.89	\$ 2,094.79	\$ 23,042.68
2. Employee Benefits	\$ 4,765.64	\$ 476.56	\$ 5,242.20
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 200.00	\$ 20.00	\$ 220.00
6. Travel	\$ 700.00	\$ 70.00	\$ 770.00
7. Occupancy	\$ 60.00	\$ 6.00	\$ 66.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 399.12	\$ 40.00	\$ 439.12
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 200.00	\$ 20.00	\$ 220.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 27,272.65	\$ 2,727.35	\$ 30,000.00

Indirect As A Percent of Direct

\$ -

10.0%

Contractor Initials: MNS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 56,218.64	\$ 5,621.86	\$ 61,840.50
2. Employee Benefits	\$ 12,789.74	\$ 1,278.97	\$ 14,068.71
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 200.00	\$ 20.00	\$ 220.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 436.88	\$ 43.69	\$ 480.57
6. Travel	\$ 1,800.00	\$ 180.00	\$ 1,980.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,900.36	\$ 290.03	\$ 3,190.39
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 600.75	\$ 60.08	\$ 660.83
12. Subcontracts/Agreements	\$ 3,000.00	\$ 300.00	\$ 3,300.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 78,246.37	\$ 7,824.63	\$ 86,071.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: ANS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 56,307.00	\$ 5,630.70	\$ 61,937.70
2. Employee Benefits	\$ 12,809.84	\$ 1,280.98	\$ 14,090.82
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 200.00	\$ 20.00	\$ 220.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 336.00	\$ 33.60	\$ 369.60
6. Travel	\$ 1,800.00	\$ 180.00	\$ 1,980.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,893.55	\$ 289.33	\$ 3,182.88
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 600.00	\$ 60.00	\$ 660.00
12. Subcontracts/Agreements	\$ 3,000.00	\$ 300.00	\$ 3,300.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 78,246.39	\$ 7,824.61	\$ 86,071.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: AAS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 44,453.27	\$ 4,445.33	\$ 48,898.60
2. Employee Benefits	\$ 10,113.12	\$ 1,011.31	\$ 11,124.43
3. Consultants	\$ 2,500.00	\$ 250.00	\$ 2,750.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,341.50	\$ 134.15	\$ 1,475.65
6. Travel	\$ 2,000.00	\$ 200.00	\$ 2,200.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,907.00	\$ 290.70	\$ 3,197.70
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,934.00	\$ 193.40	\$ 2,127.40
11. Staff Education and Training	\$ 1,405.00	\$ 140.22	\$ 1,545.22
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 66,953.89	\$ 6,695.11	\$ 73,649.00

Indirect As A Percent of Direct

10.0%

\$ -

Contractor Initials: KAS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	
1. Total Salary/Wages	\$ 45,549.16	\$ 4,554.92	\$ 50,104.08
2. Employee Benefits	\$ 10,362.43	\$ 1,036.24	\$ 11,398.67
3. Consultants	\$ 2,500.00	\$ 250.00	\$ 2,750.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 824.00	\$ 82.40	\$ 906.40
6. Travel	\$ 2,000.00	\$ 200.00	\$ 2,200.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,933.05	\$ 293.30	\$ 3,226.35
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,080.00	\$ 108.00	\$ 1,188.00
11. Staff Education and Training	\$ 1,405.00	\$ 140.50	\$ 1,545.50
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 66,953.64	\$ 6,695.36	\$ 73,649.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: AAS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Item Description	Direct	Indirect	Total
1. Total Salary/Wages	\$ 57,411.67	\$ 5,741.17	\$ 63,152.84
2. Employee Benefits	\$ 13,061.16	\$ 1,306.00	\$ 14,367.16
3. Consultants	\$ 600.00	\$ 60.00	\$ 660.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 700.00	\$ 70.00	\$ 770.00
6. Travel	\$ 2,400.00	\$ 240.00	\$ 2,640.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 800.00	\$ 80.00	\$ 880.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 580.00	\$ 58.00	\$ 638.00
11. Staff Education and Training	\$ 970.00	\$ 97.00	\$ 1,067.00
12. Subcontracts/Agreements	\$ 450.00	\$ 45.00	\$ 495.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 77,272.83	\$ 7,727.17	\$ 85,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: HTB

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$57,537.06	\$ 5,753.70	\$ 63,290.76
2. Employee Benefits	\$13,089.67	\$ 1,308.97	\$ 14,398.64
3. Consultants	\$ 400.00	\$ 40.00	\$ 440.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 746.00	\$ 74.60	\$ 820.60
6. Travel	\$ 2,500.00	\$ 250.00	\$ 2,750.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 800.00	\$ 80.00	\$ 880.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 780.00	\$ 78.00	\$ 858.00
11. Staff Education and Training	\$ 670.00	\$ 67.00	\$ 737.00
12. Subcontracts/Agreements	\$450.00	\$ 45.00	\$ 495.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 77,272.73	\$ 7,727.27	\$ 85,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: AMS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 3,867.10	\$ 386.71	\$ 4,253.81
2. Employee Benefits	\$ 879.77	\$ 87.98	\$ 967.75
3. Consultants	\$ 200.00	\$ 20.00	\$ 220.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 142.00	\$ 14.20	\$ 156.20
6. Travel	\$ 350.00	\$ 35.00	\$ 385.00
7. Occupancy	\$ 60.00	\$ 6.00	\$ 66.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 483.00	\$ 48.24	\$ 531.24
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 200.00	\$ 20.00	\$ 220.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,181.87	\$ 1,818.13	\$ 20,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: AMS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	TOTAL
1. Total Salary/Wages	\$ 3,982.71	\$ 398.27	\$ 4,380.98
2. Employee Benefits	\$ 906.07	\$ 90.61	\$ 996.68
3. Consultants	\$ 200.00	\$ 20.00	\$ 220.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 100.00	\$ 10.00	\$ 110.00
6. Travel	\$ 350.00	\$ 35.00	\$ 385.00
7. Occupancy	\$ 60.00	\$ 6.00	\$ 66.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 483.00	\$ 48.34	\$ 531.34
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 100.00	\$ 10.00	\$ 110.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,181.78	\$ 1,818.22	\$ 20,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: MAS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 14,069.64	\$ 1,406.96	\$ 15,476.60
2. Employee Benefits	\$ 3,200.84	\$ 320.08	\$ 3,520.92
3. Consultants	\$ 500.00	\$ 50.00	\$ 550.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ 50.00	\$ 550.00
6. Travel	\$ 800.00	\$ 80.00	\$ 880.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,050.48	\$ 105.00	\$ 1,155.48
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 400.00	\$ 40.00	\$ 440.00
11. Staff Education and Training	\$ 600.00	\$ 60.00	\$ 660.00
12. Subcontracts/Agreements	\$ 50,000.00	\$ 5,000.00	\$ 55,000.00
13. Other (specific details mandatory):	\$ 3,000.00	\$ 300.00	\$ 3,300.00
Incentives	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 74,420.96	\$ 7,442.04	\$ 81,863.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: AAS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 14,490.69	\$ 1,449.07	\$ 15,939.76
2. Employee Benefits	\$ 3,296.63	\$ 329.66	\$ 3,626.29
3. Consultants	\$ 500.00	\$ 50.00	\$ 550.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ 50.00	\$ 550.00
6. Travel	\$ 800.00	\$ 80.00	\$ 880.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,050.00	\$ 104.95	\$ 1,154.95
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 400.00	\$ 40.00	\$ 440.00
11. Staff Education and Training	\$ 600.00	\$ 60.00	\$ 660.00
12. Subcontracts/Agreements	\$ 50,000.00	\$ 5,000.00	\$ 55,000.00
13. Other (specific details mandatory):	\$ 3,000.00	\$ 300.00	\$ 3,300.00
Incentives	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 74,937.32	\$ 7,493.68	\$ 82,431.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: MMS

Date: 5/4/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees *in writing*, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

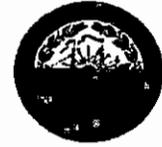
ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name: Lamprey Health Care

5/4/17
Date

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name: Lamprey Health Care

5/4/17
Date

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Lamprey Health Care

5/4/17
Date

Audrey Ashton-Savidge
Name: Audrey Ashton-Savidge
Title: President



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

ARS

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: Lamprey Health Care

Date 5/4/17

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President

Exhibit G

Contractor Initials AAS

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Date 5/4/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:-

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: Campry Health Care

Date 5/4/17

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



Exhibit I

- I. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Business Associate Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

AKC

5/4/17



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) l, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services

The State

Lisa Morris

Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

5/23/17

Date

Lamprey Health Center

Name of the Contractor

Audrey Ashton-Savage

Signature of Authorized Representative

Audrey Ashton-Savage

Name of Authorized Representative

President

Title of Authorized Representative

5/4/17

Date

AAS

5/4/17



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: Lamprey Health Care

Date 5/4/17

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

- 1. The DUNS number for your entity is: 04-025-4401
- 2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

- 3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

- 4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
Regional Public Health Network Services Contract**

This 2nd Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #2") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH, 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), and subsequently amended by Department approval on March 30, 2018, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the Agreement (section 18 of the General Provisions of the Form P-37), the Agreement may be modified or amended only by written instrument executed by the parties thereto and approved by the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope and reduce the price limitation;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$687,742.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
5. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

6. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
7. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
8. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.



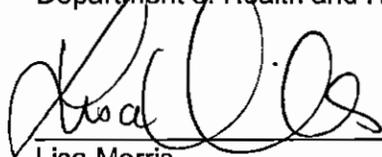
New Hampshire Department of Health and Human Services
Regional Public Health Network Services

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

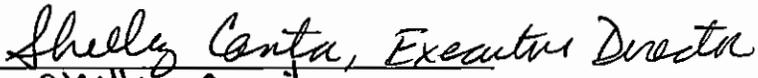
6/1/18
Date



Lisa Morris
Director

Lakes Region Partnership for Public Health, Inc.

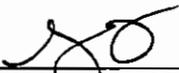
5/25/2018
Date



Name: Shelley Carita
Title: Executive Director

Acknowledgement of Contractor's signature:

State of NH, County of Belknap on 5/25/2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.



Signature of Notary Public or Justice of the Peace

Jennifer Groleau, Notary
Name and Title of Notary of Justice of the Peace



My Commission Expires: Jan 13, 2021



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/18
Date

[Signature]
Name: Megan A. Kelly
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.

SL

5/25/2018



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



Exhibit A-1

- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

HL

5/25/2018

**Exhibit B-2 Budget
Amendment #2**

New Hampshire Department of Health and Human Services
Lakes Region Partnership for Public
Bidder/Contractor Name: Health
Regional Public Health Network Services -
Budget Request for: CoC
Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$21,829.00	\$5,504.00	\$ 27,333.00	Staff FTEs
2. Employee Benefits	\$5,239.00	\$716.00	\$ 5,955.00	Staff FTEs
3. Consultants	\$-	\$-	\$ -	Direct
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$585.00	\$-	\$ 585.00	% of FTEs
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$493.00	\$-	\$ 493.00	% of FTEs or balancing entry
6. Travel	\$942.00	\$-	\$ 942.00	Direct
7. Occupancy	\$2,136.00	\$-	\$ 2,136.00	% Square Feet
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$1,534.00	\$-	\$ 1,534.00	% Square Feet, % FTEs, or % of contract exp to total exp
9. Software	\$78.00	\$-	\$ 78.00	% of FTEs
10. Marketing/Communications	\$385.00	\$-	\$ 385.00	Direct
11. Staff Education and Training	\$2,000.00	\$-	\$ 2,000.00	Direct
12. Subcontracts/Agreements	\$ 2,000.00	\$-	\$ 2,000.00	Direct
13. Other (specific details mandatory):	\$ -	\$-	\$ -	
Meetings	\$1,200.00	\$-	\$ 1,200.00	Direct
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 38,421.00	\$ 6,220.00	\$ 44,641.00	

Indirect As A Percent of Direct

16.2%

RFP-2018-DPHS-01-REGION-08

Contractor Initials: HC

Page 1 of 1

Date: 5/25/2018



DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



DHHS Information Security Requirements

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a



DHHS Information Security Requirements

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



Exhibit K

DHHS Information Security Requirements

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a



Exhibit K

DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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5/25/2018

5/25/2018



Exhibit K

DHHS Information Security Requirements

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



Exhibit K

DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

Handwritten initials, possibly "JC", written in black ink.

5/25/2018

State of New Hampshire

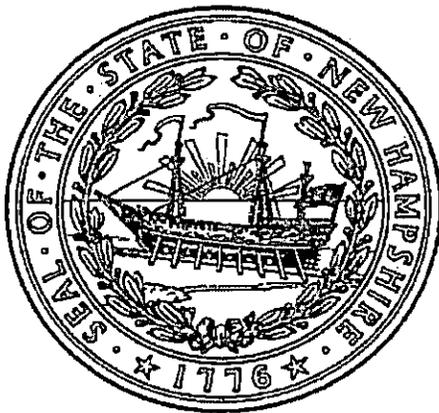
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 21, 2005. 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: 534847

Certificate Number: 0004102124



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 29th day of May A.D. 2018.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Alida Millham, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Lakes Region Partnership for Public Health.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on May 24, 2018:
(Date)

RESOLVED: That the Executive Director
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 25 th day of May, 2018.
(Date Amendment Signed)

4. Shelley Carita is the duly elected Executive Director
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Alida Millham
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Belknap

The forgoing instrument was acknowledged before me this 29th day of May, 2018.

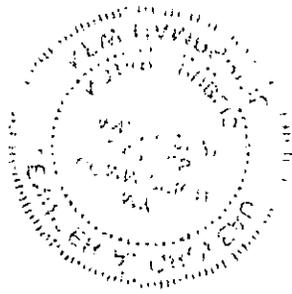
By Alida Millham, President
(Name of Elected Officer of the Agency)



(NOTARY SEAL)

Jessie
(Notary Public/Justice of the Peace)

Commission Expires: Jan 13, 2021





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/29/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

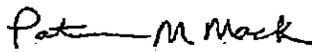
PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Pat Mack PHONE (A/C, No, Ext): (603)293-2791 E-MAIL ADDRESS: pat@esinsurance.net	FAX (A/C, No): (603)293-7188
	INSURER(S) AFFORDING COVERAGE	
INSURED Lakes Region Partnership for Public Health, Inc., DBA: Partnership for Public Health 67 Water Street, Suite 105 Laconia NH 03246	INSURER A: Great American Ins Group	
	INSURER B: Twin City Fire Insurance Co	
	INSURER C: United States Fire Insurance Co.	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2018 Certificate **REVISION NUMBER:**

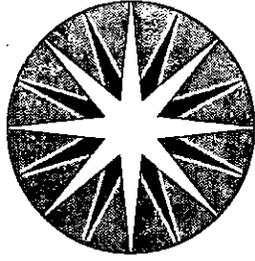
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MAC3793453-12	03/10/2018	03/10/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability- \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CAP1898681-08	03/10/2018	03/10/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB3793454-13	03/10/2018	03/10/2019	COMBINED SINGLE LIMIT \$ 2,000,000 EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	04WECRJ0009	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Accident /Health			US566234	03/10/2018	03/10/2019	Medical payments 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER NH DHHS 129 Pleasant Street Concord NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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PARTNERSHIP FOR PUBLIC HEALTH

Mission Statement

To improve the health and well being of the region
through inter-organizational collaboration and
community and public health improvement activities.



**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
FINANCIAL STATEMENTS
June 30, 2017 and 2016**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

Report on the Financial Statements

We have audited the accompanying financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not to expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Lakes Region Partnership for Public Health, Inc. as of June 30, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of functional expenses on pages 11 and 12 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Vachon Clukey & Company PC
Manchester, New Hampshire
October 26, 2017

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENTS OF FINANCIAL POSITION
June 30, 2017 and 2016

ASSETS		
	<u>2017</u>	<u>2016</u>
CURRENT ASSETS:		
Cash	\$2,929,060	\$ 370,922
Investments	-	10,031
Contracts receivable	128,170	222,295
Prepaid expenses	19,039	15,045
TOTAL CURRENT ASSETS	<u>3,076,269</u>	<u>618,293</u>
PROPERTY AND EQUIPMENT:		
Leasehold improvements	4,561	4,561
Furniture and equipment	14,510	14,510
Office equipment	-	15,470
	<u>19,071</u>	<u>34,541</u>
Less accumulated depreciation	<u>(17,076)</u>	<u>(26,343)</u>
PROPERTY AND EQUIPMENT, NET	<u>1,995</u>	<u>8,198</u>
OTHER NONCURRENT ASSETS:		
Investment in LLC	974	1,000
Deposit	3,486	3,486
TOTAL OTHER NONCURRENT ASSETS	<u>4,460</u>	<u>4,486</u>
TOTAL ASSETS	<u>\$3,082,724</u>	<u>\$ 630,977</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 28,387	\$ 127,164
Accrued payroll	40,092	28,247
Accrued compensated absences	28,957	23,144
Accrued other expenses	69,735	20,952
Deferred contract revenue	2,593,447	125,769
Fiduciary funds	10,212	13,740
TOTAL CURRENT LIABILITIES	<u>2,770,830</u>	<u>339,016</u>
TOTAL LIABILITIES	<u>2,770,830</u>	<u>339,016</u>
NET ASSETS:		
Temporarily restricted	23,362	13,550
Unrestricted	288,532	278,411
TOTAL NET ASSETS	<u>311,894</u>	<u>291,961</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$3,082,724</u>	<u>\$ 630,977</u>

See notes to financial statements

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENTS OF ACTIVITIES
For the Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
CHANGES IN UNRESTRICTED NET ASSETS:		
SUPPORT AND REVENUE		
Contributions	\$ 2,557	\$ 4,650
In-kind support	49,885	54,094
Federal funds	742,598	1,543,603
State funds	363,412	188,178
Private grants and awards	151,590	102,163
Special events	2,160	1,764
Agent fees	162,898	165,295
Miscellaneous income	3,789	2,484
Interest income	2,439	303
TOTAL UNRESTRICTED SUPPORT AND REVENUE	<u>1,481,328</u>	<u>2,062,534</u>
NET ASSETS RELEASED FROM RESTRICTIONS:		
Satisfaction of donor restrictions	<u>5,995</u>	<u>2,051</u>
TOTAL NET ASSETS RELEASED FROM RESTRICTIONS	<u>5,995</u>	<u>2,051</u>
TOTAL UNRESTRICTED REVENUES AND OTHER SUPPORT	<u>1,487,323</u>	<u>2,064,585</u>
EXPENSES:		
Program services	1,302,034	1,794,219
Management and general	174,814	216,093
Fundraising and development	354	402
TOTAL EXPENSES	<u>1,477,202</u>	<u>2,010,714</u>
TOTAL INCREASE IN UNRESTRICTED NET ASSETS	<u>10,121</u>	<u>53,871</u>
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	15,807	6,554
Net assets released from restrictions	<u>(5,995)</u>	<u>(2,051)</u>
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	<u>9,812</u>	<u>4,503</u>
CHANGE IN NET ASSETS	19,933	58,374
NET ASSETS, JULY 1	<u>291,961</u>	<u>233,587</u>
NET ASSETS, JUNE 30	<u>\$ 311,894</u>	<u>\$ 291,961</u>

See notes to financial statements

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENTS OF CASH FLOWS
For the Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 19,933	\$ 58,374
Adjustments to Reconcile Increase in Net Assets to to Net Cash Provided by Operating Activities:		
Depreciation	2,853	3,006
Loss on disposal of property and equipment	3,350	-
Change in assets and liabilities:		
Accounts receivable	94,125	188,980
Prepaid expenses	(3,994)	2,255
Deposit	-	(250)
Accounts payable	(98,777)	(94,858)
Accrued liabilities	66,441	16,906
Deferred contract revenue	2,467,678	5,790
Fiduciary passthrough	(3,528)	(12,305)
Net Cash Provided by Operating Activities	<u>2,548,081</u>	<u>167,898</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Sale of investments	10,031	20,002.00
Purchase (sale) of investments	<u>26</u>	<u>(1,000)</u>
Net Cash Provided by Investing Activities	<u>10,057</u>	<u>19,002</u>
Net increase in cash	2,558,138	186,900
Cash, beginning of year	<u>370,922</u>	<u>184,022</u>
Cash, ending of year	<u>\$ 2,929,060</u>	<u>\$ 370,922</u>
Supplemental Disclosures:		
In-kind donations received	\$ 49,885	\$ 54,094
In-kind expenses	(49,885)	(54,094)
	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS
For the Years Ended June 30, 2017 and 2016**

NOTE 1--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose

Lakes Region Partnership for Public Health, Inc. (the Entity) was organized on May 21, 2005 to improve the health and well-being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

Accounting Policies

The accounting policies of the Entity conform to accounting principles generally accepted in the United States of America as applicable to Not-for-Profit entities. The following is a summary of significant accounting policies.

Basis of Presentation

The financial statements have been prepared in accordance with the reporting pronouncements pertaining to Not-for-Profit Entities included within the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the Entity is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, based upon the existence or absence of donor-imposed restrictions.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Revenues from program services are recorded when earned. Other miscellaneous revenues are recorded upon receipt.

Contributions

The Entity accounts for contributions received in accordance with FASB ASC 958-605, *Accounting for Contributions Received and Contributions Made*. Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Recognition of Donor Restrictions

Contributions are recognized when the donor makes a promise to give to the Entity that is, in substance, unconditional. Contributions that are restricted by the donor are reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2017 and 2016**

Cash and Cash Equivalents

For the purpose of the statement of cash flows, cash and equivalents consists of demand deposits, cash on hand and all highly liquid investments with a maturity of 90 days or less.

Investments

Investments, which consist principally of certificates of deposit, are carried at their market value at June 30, 2016.

Property and Equipment

Property and equipment are stated at cost. Donated property and equipment is recorded at fair value determined as of the date of the donation. The Entity's policy is to capitalize expenditures for equipment and major improvements and to charge to operations currently for expenditures which do not extend the lives of related assets in the period incurred. Depreciation is computed using the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives as follows:

	<u>Years</u>
Leasehold improvements	10-15
Furniture and equipment	5-15
Office equipment	5-10

Depreciation expense was \$2,853 and \$3,006 for the years ended June 30, 2017 and 2016, respectively.

Compensated Absences

Employees of the Entity working full-time and part-time employees working at least 20 hours per week are entitled to paid time off (PTO). PTO is earned from the first day of work. A maximum of 160 hours can be earned based on years of service while 80 hours can be carried over and accumulated to the next year. Accumulated PTO is payable upon termination of employment with proper notice. The Entity accrues accumulated PTO wages accordingly.

Donated Services, Materials and Facilities

The Entity receives significant volunteer time and efforts. The value of these volunteer efforts, while critical to the success of its mission, is not reflected in the financial statements since it does not meet the criteria necessary for recognition according to generally accepted accounting principles. Donated goods and professional services are recorded as both revenues and expenses at estimated fair value, see Note 10.

Functional Allocation of Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis. Accordingly, certain costs have been allocated on the statement of functional expenses

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2017 and 2016**

among the programs and supporting services based on percentage allocations determined by the Entity's management.

Bad Debts

The Entity uses the reserve method for accounting for bad debts. No allowance has been recorded as of June 30, 2017 and 2016, because management of the Entity believes that all outstanding receivables are fully collectible.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Taxes

The Entity has received a determination letter from the Internal Revenue Service stating that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code for any exempt function income. In addition, the Entity is not subject to state income taxes. Accordingly, no provision has been made for Federal or State income taxes.

The FASB adopted Accounting Standards Codification Topic 740 entitled *Accounting for Income Taxes* which requires the Entity to report uncertain tax positions for financial reporting purposes. FASB ASC 740 prescribes rules regarding how the Entity should recognize, measure and disclose in its financial statements, tax positions that were taken or will be taken on the Entity's tax returns that are reflected in measuring current or deferred income tax assets and liabilities. Differences between tax positions taken in a tax return and amounts recognized in the financial statements will generally result in an increase in a liability for income tax payable or a reduction in a deferred tax asset or an increase in a deferred tax liability. The Entity does not have any material unrecognized tax benefits.

Fair Value of Financial Instruments

Cash and equivalents, accounts receivable, accounts payable and accrued expenses are carried in the financial statements at amounts which approximate fair value due to the inherently short-term nature of the transactions. The fair values determined for financial instruments are estimates, which for certain accounts may differ significantly from the amounts that could be realized upon immediate liquidation.

NOTE 2--CONCENTRATION OF CREDIT RISK

The Entity maintains bank deposits at local financial institutions located in New Hampshire. The Entity's demand deposits are insured by the Federal Deposit Insurance Corporation (FDIC) up to a total of \$250,000. The balances in excess of federally insured limits for the Entity were \$134,289 and \$53,871 at June 30, 2017 and 2016, respectively.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2017 and 2016**

NOTE 3--INVESTMENT IN LLC

In January 2016, the Entity became a member of a newly-established limited liability corporation, Community Health Services Network, LLC ("CHSN"), to support the enhancement of behavioral health services integration in the region. The Entity will provide financial and administrative services to CHSN.

NOTE 4--DEFERRED CONTRACT REVENUE

Deferred contract revenue of \$2,593,313 and \$125,769 as of June 30, 2017 and 2016, respectively, represents unearned grant revenue on contracts from various funding agencies.

NOTE 5--LINE OF CREDIT

The Entity has a \$125,000 line of credit with Bank of New Hampshire. The interest rate for the credit line was 6.25% at June 30, 2017, and 3.50% at June 30, 2016. The interest rate is based on the Wall Street Journal Prime Rate as published in the Wall Street Journal. At June 30, 2017 and 2016, the balance of the line of credit was \$0.

NOTE 6--TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the following donor restricted funding at June 30, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Family Caregivers Network	\$ 2,670	\$ 2,495
Volunteer CERT	932	135
N4A	1,006	1,006
CERT	18,272	9,680
Other	482	234
	<u>\$ 23,362</u>	<u>\$ 13,550</u>

NOTE 7--CONCENTRATION OF REVENUE RISK

The Entity's primary source of revenues is fees and grants received from the State of New Hampshire and directly from the federal government. During the years ended June 30, 2017 and 2016, the Entity recognized revenue of \$1,106,010 (74.5%) and \$1,731,781 (84.0%), respectively, from fees and grants from governmental agencies. Revenue is usually recognized as earned under the terms of the grant contracts and is received on a cost reimbursement basis. However, in the year ended June 30, 2017, the Entity received \$2.8 million in capacity building funds on a five-year, \$12.8 million governmental contract to enhance behavioral health integration in the region. Most of this contract revenue will be recognized in the next five years. Other support originates from other program services, contributions, in-kind donations, and other income.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2017 and 2016**

NOTE 8--LEASE COMMITMENTS

The Entity entered into a lease for office space located in Tamworth, NH with monthly lease payments of \$1,533 through December 2015, \$1,578 through March 2017, and \$1,134 thereafter. Lease expense for the years ended June 30, 2017 and June 30, 2016 was \$17,603 and \$18,711, respectively.

The Entity also has two leases for office spaces in Laconia, NH. The first lease has monthly payments of \$2,030 through August 31, 2016, \$2,051 through August 31, 2017, and \$2,089 thereafter. The second lease for additional office space was entered into on June 1, 2015 for a 3-year term. Monthly lease payments are \$737 through May 31, 2016, \$744 through May 31, 2017, and \$762 thereafter. Lease expense for the years ended June 30, 2017 and June 30, 2016 for these two leases was \$36,007 and \$35,662, respectively.

The following is a schedule, by years, of the future minimum payments for operating leases:

Year Ended <u>June 30,</u>	Annual <u>Lease Commitments</u>
2018	\$ 49,270
2019	6,802

NOTE 9--DONATED SERVICES, MATERIALS AND FACILITIES

The Entity receives various donated services. For the years ended June 30, 2017 and 2016, there has been \$49,885 and \$54,094, respectively, of donated services recognized as revenue. The following amounts of donated services have been included as functional expenses in these financial statements:

	<u>2017</u>	<u>2016</u>
Supplies	\$ 9,920	\$ 11,270
Contract Services	11,482	6,853
Occupancy	5,520	6,000
Travel and Meetings	3,575	7,200
Operations	10,950	10,950
Contract and grant subcontractors	8,438	11,821
	<u>\$ 49,885</u>	<u>\$ 54,094</u>

NOTE 10--CONTINGENCIES

The Entity participates in a number of federally assisted grant programs. These programs are subject to financial and compliance audits by the grantors or their representatives. The amounts, if any, of additional expenses which may be disallowed by the granting agency cannot be determined at this time, although the Entity expects such amounts, if any, to be immaterial.

NOTE 11--SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 26, 2017 which is the date that the financial statements were available to be issued.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
SCHEDULE OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2017

	Program Services	Supporting Services		Total Supporting Services	Total Expenses
		Management and General	Fundraising		
SALARIES AND RELATED EXPENSES:					
Salaries	\$ 715,722	\$ 128,854		\$ 128,854	\$ 844,576
Employee benefits	86,850	4,849		4,849	91,699
Payroll taxes	56,597	9,345		9,345	65,942
	<u>859,169</u>	<u>143,048</u>	<u>\$ -</u>	<u>143,048</u>	<u>1,002,217</u>
OTHER EXPENSES:					
Contract services	53,157	15,075		15,075	68,232
Contract and grant subcontractors	146,871			-	146,871
Discretionary funds	18,847			-	18,847
Insurance	7,144	3,958		3,958	11,102
Fundraising			340	340	340
Occupancy	70,968	314		314	71,282
Operations	57,634	57		57	57,691
Supplies	44,411	1,372		1,372	45,783
Travel and meetings	39,538	2,279		2,279	41,817
Miscellaneous	4,295	5,858	14	5,872	10,167
Depreciation	-	2,853	-	2,853	2,853
Total	<u>\$ 1,302,034</u>	<u>\$ 174,814</u>	<u>\$ 354</u>	<u>\$ 175,168</u>	<u>\$ 1,477,202</u>

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
SCHEDULE OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2016

	<u>Supporting Services</u>				
	<u>Program</u> <u>Services</u>	<u>Management</u> <u>and</u> <u>General</u>	<u>Fundraising</u>	<u>Total</u> <u>Supporting</u> <u>Services</u>	<u>Total</u> <u>Expenses</u>
SALARIES AND RELATED EXPENSES:					
Salaries	\$ 612,171	\$ 156,011		\$ 156,011	\$ 768,182
Employee benefits	71,781	8,965		8,965	80,746
Payroll taxes	49,614	12,886		12,886	62,500
	<u>733,566</u>	<u>177,862</u>	<u>\$ -</u>	<u>177,862</u>	<u>911,428</u>
OTHER EXPENSES:					
Contract services	7,180	15,005		15,005	22,185
Contract and grant subcontractors	818,273	4,750		4,750	823,023
Insurance	9,038	2,084		2,084	11,122
Fundraising	-	-	390	390	390
Occupancy	69,830	5		5	69,835
Operations	60,436	7,355		7,355	67,791
Supplies	46,526	1,423		1,423	47,949
Travel and meetings	48,707	2,254		2,254	50,961
Miscellaneous	663	2,349	12	2,361	3,024
Depreciation	-	3,006		3,006	3,006
Total	<u>\$ 1,794,219</u>	<u>\$ 216,093</u>	<u>\$ 402</u>	<u>\$ 216,495</u>	<u>\$ 2,010,714</u>

**Partnership for Public Health
Board of Directors
May 2018**

Director
Alida Millham, President
Karin Salome, Vice President
David Emberley, Treasurer
Judith Lafrance, Secretary
Sandi Moore-Beinoras
Liane Clairmont
Richard Crocker
Denise Hubbard
Shawn Riley

Shelley M. Carita, CFRE

Highly motivated leader with over 20 years successful leadership experience in individual and corporate fundraising, marketing, corporate, foundation and federal grant writing, program development, volunteer recruitment, strategic planning and organizational development.

Professional Experience

EXECUTIVE DIRECTOR

Partnership for Public Health, Laconia, NH

Jan 2017 – Present

Organization Leader for a regional public health agency serving New Hampshire's Lakes Region. Responsible for resource development, grants/contracts management, program development and implementation, strategic planning and community relations. Provides staff supervision and all human resource activities.

VICE PRESIDENT FOR DEVELOPMENT

New Hampshire Association for the Blind Concord, NH

June 2006 – Jan 2017

Fundraising and marketing leader for a statewide organization serving the blind and visually impaired. Develops and manages a comprehensive development program raising over \$1.2 million dollars annually. Works closely with Board of Directors and Regional Advisory Committees to organize fundraising and awareness events across the state. Identifies opportunities for foundation and corporate support. Cultivates and stewards major gift and planned giving prospects. Supervises professional fundraising and marketing staff.

Notable Accomplishments:

- Created state-wide marketing and public education plan that provides broad outreach to service clubs, retirement communities, eye care professionals, the media, and the community at large.
- Created a sustainable revenue source for Agency by developing project introducing occupational therapy as a sustainable revenue source.
- Secured foundation grant funding of over \$500,000 annually including two awards in excess of \$100,000.
- Identified key major/planned giving donor prospects and initiated a successful donor cultivation strategy resulting in the receipt of significant gifts and gift expectancies.
- Recruited and motivated volunteers across the state to establish regional advisory committees in Manchester, Portsmouth, Concord and Lakes Region. Committees raise money in their respective regions through "Dinners in the Dark" and other third party fundraising events.

EXECUTIVE DIRECTOR

DEVELOPMENT AND MARKETING DIRECTOR

2001-2006

American Red Cross

Laconia and Concord, New Hampshire

Developed and managed a comprehensive fund development and marketing program for two merging Red Cross chapters. Coordinated all fund development programs including planned giving, direct mail, major gifts, special events, grant writing and marketing. Developed and monitored agency budget. Supervised staff and coordinated volunteers for disaster response as well as public relations and special event assignments.

Notable Accomplishments:

- Promoted to Executive Director from Fund Development Director
- Decreased operating budget while expanding service delivery level.
- Doubled municipal revenue allocations by educating communities about Red Cross services.

Summary of Prior Non-Profit Management Experience

Case Management Supervisor, (1998-2000) Lakes Region Community Services Council, Laconia, NH - Provided training and supervision to case managers and family home providers serving adults with developmental disabilities. Worked closely with public guardians to ensure services were carried out according to ISP. Negotiated contracts with vendors.

Director of Social Services, (1996-1998) Dover Housing Authority, Dover, NH
Developed and implemented all social service programs for seniors and families living in Dover's public housing community. Supervised program staff and volunteers. Negotiated contracts with service agencies. Raised over 1 million dollars in federal funding. Worked collaboratively with agencies throughout Strafford County.

Manager of Housing Services, (1993-1996) Strafford Guidance Center, Dover, NH
Established intensive supported housing programs for adults with severe mental illness. Worked closely with doctors and treatment teams to ensure smooth transition from state hospital to community based model. Supervised department with over 30 direct service providers. Secured funding through federal grants and state Medicaid program. Served as HUD's administrator of federal homeless housing funds for Strafford County.

Director of Family Services, (1991-1993) Manchester Housing and Redevelopment Authority, Manchester, NH – Developed and managed all family empowerment and drug prevention programs in Manchester's 3 family public housing communities. Created State's first small business training program for public housing residents. Secured federal grant funding for all programs including a model after-school program.

Education

Master of Business Administration (MBA) - 1996

Southern New Hampshire University, Graduate School of Business Manchester, NH

M.S. Community Economic Development - 1993

Southern New Hampshire University, Graduate School of Business, Manchester, NH

B.A. Marketing - 1984

New Hampshire College, Manchester, NH

Volunteer Activities/ Memberships

- Certified Fundraising Executive -CFRE
- Reviewer, National Accreditation Council for Agencies Serving People with Blindness or Visual Impairment (NAC) - 2009 to present
- American Red Cross – Trainer - Lakes Region Disaster Action Team, 2006 to 2009
- Board of Directors - Lakes Region Partnership for Public Health 2005-2006
- Past President- Gifford Rotary Club, Paul Harris Fellow
- Past Officer, Horseshoe Pond Toastmasters International, Concord, NH
- PGNNE –Planned Giving Council of Northern New England
- Upper Valley Planned Giving Council

Marie L. Tule. CPA, MSA

Educational Experience

CPA –continuing professional education – 40 hours annually

Bentley University – MS in Accountancy

University of Vermont – BA degree

Work Experience

Lakes Region Partnership for Public Health, Laconia, NH 2013 – Current

Finance Director

- Prepare and analyze monthly financial statements
- Develop budgets and forecasts, and manage cash flow
- Responsible for contract billing and reporting
- Responsible for annual financial statement and compliance audits
- Supervise accounting staff.

Melanson Heath & Company, PC, Nashua, NH 1994 – 2013

Manager

- Planned, supervised, and prepared audited GAAP financial statements and compliance reports for nonprofit and commercial clients.
- Performed financial statement and data analytics, reconciled general ledger accounts, prepared audit schedules and adjusting entries.
- Documented accounting systems, evaluated client internal controls, and prepared management letters of recommendations.
- Proficient in Microsoft Excel, Word, PowerPoint, QuickBooks, and Fixed Asset software.
- Conducted presentations to Boards and audit committees of financial statements and compliance audit results.

Price Waterhouse Coopers, LLP, Manchester, NH 1989 – 1994

Senior Accountant

- Planned, supervised, and performed audits, reviews, and compilations of financial statements.
- Clients included manufacturing, financial, and higher educational institutions.
- Performed Federal compliance (A-133) audits of sponsored research programs.

The Donoghue Organization, Holliston, MA 1986 – 1988

Controller/Financial Analyst

- Prepared and analyzed monthly financial statements for newsletter publishing company.
- Supervised accounting staff including general ledger, accounts receivables, payroll, and accounts payables functions.

- Prepared budgets and forecasts, and managed cash flow.
- Responsible for human resource function.

Dennison Computer Supplies, Waltham, MA

1984 - 1986

Payroll Administrator

- Responsible for payroll function including filing monthly and quarterly tax reports (Forms 940,941)

Billing Coordinator

- Responsible for invoicing all shipments, rentals, and maintenance contracts. Filed sales & use tax returns.

Senior Accounts Payable

- Processed invoices and prepared vendor checks.

Accounts Receivable

- Applied cash receipts to AR ledger and researched discrepancies.

Volunteer Experience

NH Society of Certified Public Accountants

May, 2010 – Present

Committee Chair

Greater Nashua Mental Health Center – Treasurer

March, 2011 - Present

Audit & Finance Committee Chair

Various local nonprofits – Treasurer, Trustee

2001 – 2013

References - Available upon request.

KELLEEN GASPA

QUALIFICATION HIGHLIGHTS

- Experienced in working with and advocating for at-risk populations
- Strict adherence with organization confidentiality policies
- Exceptional communication, interviewing and assessment skills
- Demonstrated excellence in community outreach and education
- Excellent organizational and time management skills
- Experienced in working with the Strategic Prevention Framework
- Accomplished public speaker

PROFESSIONAL EXPERIENCE

Partnership for Public Health, Laconia, NH

Assistant Director/Director of Substance Use Disorder Systems Integration 11/2016-Present

- Support state & regional initiatives across the SUD continuum of care
- Develop and maintain regional assets & gaps analysis
- Promote evidence-based strategies for prevention, intervention, treatment & recovery
- Facilitate regional leadership team meetings
- Serve as a content expert on the Winnepesaukee Public Health Council
- Build capacity & expand service delivery in the Winnepesaukee Region of New Hampshire
- Increase awareness and access to SUD services
- Plan & facilitate quarterly regional Educator's Prevention Summits
- Maintain records and submit data for federal reporting
- Supervise Regional Substance Misuse Prevention Team

Regional Substance Misuse Prevention Coordinator 08/2015-11/2016

- Provide education, training & technical assistance to schools, organizations & local coalitions
- Facilitate Connect Suicide Prevention Trainings throughout the region
- Increase awareness of best practices in prevention, intervention, treatment & recovery
- Organize DEA Rx Drug Take Back and other various community events throughout the region
- Identify, build and maintain community partnerships in various sectors
- Support regional work across the Continuum of Care
- Advise Partners in Community Wellness Team
- Maintain records and submit data for federal reporting (PWITS)

Ascentria Care Alliance, Manchester, NH

2013-2015

Outreach/Employment Specialist, Health Profession Opportunity Project (HPOP)

- Recruitment and enrollment into the HPOP program
- Facilitate Information Sessions throughout New Hampshire
- Determine participant eligibility
- Assess participant need and provide links to relevant community resources
- Identify, build and maintain community partnerships
- Design and facilitate participant professional development training
- Assist in employment placement of trained participants
- Maintain records and submit data for federal reporting

Project EXTRA/LMS Para, Laconia, NH

2006-2013

Site Director Pleasant Street School, Project EXTRA Program

- Manage daily operation of program
- Oversee curriculum links to Common Core Standards
- Supervise 12 lead staff, junior staff, volunteers and subcontractors
- Handle case sensitive information including disclosures of abuse and neglect
- Develop and implement behavior modification plans tailored to student needs

- Design and facilitate professional development for staff and volunteers
- Provide 1:1 support for students with specific needs

The Children's Exploratorium, Chester, NH 1999-2006
Assistant Director/Kindergarten Teacher

- Manage daily operation of the school
- Curriculum development
- Supervise all staff, volunteers and subcontractors
- Identify professional development pathways with educators
- Assess family needs and provide links to community resources
- Plan and facilitate community events
- Provide technical assistance in marketing & promotion

EDUCATION

Southern New Hampshire University, Manchester, NH 2018
M.S. Psychology

Granite State College, Concord, NH 2014
Bachelor of Science Psychology, *cum laude*

Castle College, Windham, NH
Associates Degree Early Childhood Education 1999

CERTIFICATIONS/TRAINING

NH Certified Prevention Specialist 2017

Prevention Certification Board of New Hampshire Prevention Specialist of the Year 2017

Adverse Childhood Experiences & Trauma Informed Care 2017

DBHRT Volunteer Region III 2016

Ethics in Prevention 2015

HIV Trends and Treatment 2015

Substance Abuse Prevention Specialist Skills Training 2015

Connect Certified Suicide Prevention Trainer 2015

Bridges Out of Poverty Parts 1 & 2 2013-14

Restorative Practice and Conflict Resolution Session 1 2013

COMMUNITY LEADERSHIP

Winnepesaukee Partners in Community Wellness Since 2015

Winnepesaukee Public Health Council Since 2015

NH Youth Suicide Prevention Assembly Since 2015

NHADACA Training Advisory Committee 2017

NH Prevention Certification Board 2017

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Shelley Carita	Executive Director	\$ 85,000.	3.1%	\$ 2,652
Marie Tule	Finance Director	\$ 72,462	2.5%	\$ 1,812
Kelley Gaspa	Director, Substance Use Disorder Systems Integration	\$ 60,000	5.2%	\$ 3,105

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment 1") dated this 4th day of October, 2017, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH, 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the Agreement (section 18 of the General Provisions of the Form P-37), the Agreement may be modified or amended only by written instrument executed by the parties thereto and approved by the Governor and Executive Council;

WHEREAS, the parties agree to amend the budgets within the price limitation.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. Delete in its entirety Exhibit B-1 Budget for Regional Public Health Network Services – YAS, SFY 2018 and replace with Exhibit B-1 Budget Amendment #1 for Regional Public Health Network Services – YAS SFY 2018.
2. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – YAS, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – YAS SFY 2019.
3. Delete in its entirety Exhibit B-1 Budget for Regional Public Health Network Services – SBC SFY 2018 and replace with Exhibit B-1 Budget Amendment #1 for Regional Public Health Network Services – SBC SFY 2018.
4. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – SBC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – SBC, SFY 2019.

New Hampshire Department of Health and Human Services
Regional Public Health Network Services



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/26/18
Date

[Signature]
Lisa Morris
Director

Lakes Region Partnership for Public Health, Inc.

12-12-2017
Date

X [Signature]
Name: Board Chair
Title: Board Chair

Acknowledgement of Contractor's signature:

State of NH, County of Belknap on 12/12/17, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Jennifer Groleau, Administrative Technical Support assistant
Name and Title of Notary or Justice of the Peace

My Commission Expires: January 13, 2021



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

3.30.18
Date

E. M. [Signature]
Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

**Exhibit B-1 Budget Amendment #1
for Regional Public Health Network Services - SBC, SFY 2018**

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health, Inc.

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018 (7/1/17 - 6/30/18)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$5,121.00	\$ 1,144.00	\$ 6,265.00	
2. Employee Benefits	\$1,112.00	\$ 170.00	\$ 1,282.00	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 87.00	\$-	\$ 87.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$520.00	\$-	\$ 520.00	
6. Travel	\$355.00	\$-	\$ 355.00	
7. Occupancy	\$ 494.00	\$-	\$ 494.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 377.00	\$-	\$ 377.00	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$-	\$-	\$ -	
11. Staff Education and Training	\$ 70.00	\$-	\$ 70.00	
12. Subcontracts/Agreements	\$ 1,400.00	\$-	\$ 1,400.00	
13. Other (specific details mandatory):	\$ -	\$-	\$ -	
Volunteer Expenses	\$150.00	\$-	\$ 150.00	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 9,686.00	\$ 1,314.00	\$ 11,000.00	

Indirect As A Percent of Direct

13.6%

Contractor Initials: *HE*

Date: 12.12.17

**Exhibit B-2 Budget Amendment #1
for Regional Public Health Network Services - SBC, SFY 2019**

New Hampshire Department of Health and Human Services
Lakes Region Partnership for Public
Bidder/Contractor Name: Health, Inc.
Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)
Budget Period: SFY 2019 (7/1/18-6/30/19)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$5,130.00	\$ 1,144.00	\$ 6,274.00	
2. Employee Benefits	\$1,112.00	\$ 170.00	\$ 1,282.00	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 87.00	\$-	\$ 87.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$520.00	\$-	\$ 520.00	
6. Travel	\$355.00	\$-	\$ 355.00	
7. Occupancy	\$ 494.00	\$-	\$ 494.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 368.00	\$-	\$ 368.00	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$-	\$-	\$ -	
11. Staff Education and Training	\$ 20.00	\$-	\$ 20.00	
12. Subcontracts/Agreements	\$ 1,500.00	\$-	\$ 1,500.00	
13. Other (specific details mandatory):	\$ -	\$-	\$ -	
Volunteer Expenses	\$100.00	\$-	\$ 100.00	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 9,686.00	\$ 1,314.00	\$ 11,000.00	

Indirect As A Percent of Direct

13.6%

Contractor Initials: 

Date: 12.12.17

**Exhibit B-1 Budget Amendment #1 for
Regional Public Health Network Services - YAS, SFY 2018**

BUDGET FORM				
New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH PROGRAM AREA & EACH BUDGET PERIOD				
Bidder Name: <u>LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.</u>				
RFP-2018-DPHS-01-REGION-YOUNG ADULT SUBSTANCE				
Budget Request for: <u>MISUSE PREVENTION STRATEGIES</u> (Name of RFP & Program Area)				
Budget Period: <u>SFY 18 (7/1/17 - 6/30/18)</u>				
Line Item - Provide detail in budget narrative	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 44,062.00	\$ 9,767.00	\$ 53,829.00	
2. Employee Benefits	\$ 12,324.00	\$ 1,548.00	\$ 13,872.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 893.00	\$ -	\$ 893.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,006.00	\$ -	\$ 2,006.00	
6. Travel	\$ 800.00	\$ -	\$ 800.00	
7. Occupancy	\$ 5,541.00	\$ -	\$ 5,541.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,873.00	\$ -	\$ 3,873.00	
9. Software	\$ 86.00	\$ -	\$ 86.00	
10. Marketing/Communications	\$ 500.00	\$ -	\$ 500.00	
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	
12. Subcontracts/Agreements	\$ 7,000.00	\$ -	\$ 7,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Meeting expenses	\$ 1,100.00	\$ -	\$ 1,100.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 78,685.00	\$ 11,315.00	\$ 90,000.00	

Indirect As A Percent of Direct

14.4%

**Exhibit B-2 Budget Amendment #1 for
Regional Public Health Network Services - YAS, SFY 2019**

BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH PROGRAM AREA & EACH BUDGET PERIOD

Bidder Name: LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

RFP-2018-DPHS-01-REGION-YOUNG ADULT SUBSTANCE
Budget Request for: MISUSE PREVENTION STRATEGIES
(Name of RFP & Program Area)

Budget Period: SFY 2019 (7/1/18 through 6/30/19)

Line Item - Provide detail in budget narrative	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 45,384.00	\$ 9,767.00	\$ 55,151.00	
2. Employee Benefits	\$ 12,426.00	\$ 1,548.00	\$ 13,974.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (Includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 893.00	\$ -	\$ 893.00	
5. Supplies: (Includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,106.00	\$ -	\$ 1,106.00	
6. Travel	\$ 800.00	\$ -	\$ 800.00	
7. Occupancy	\$ 5,541.00	\$ -	\$ 5,541.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,873.00	\$ -	\$ 3,873.00	
9. Software	\$ 86.00	\$ -	\$ 86.00	
10. Marketing/Communications	\$ 338.00	\$ -	\$ 338.00	
11. Staff Education and Training	\$ 438.00	\$ -	\$ 438.00	
12. Subcontracts/Agreements	\$ 7,000.00	\$ -	\$ 7,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Meeting expenses	\$ 800.00	\$ -	\$ 800.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 78,695.00	\$ 11,315.00	\$ 90,010.00	

Indirect As A Percent of Direct

14.4%



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

Table with 5 columns: VENDOR NAME, REGION SERVED, SFY 2018, SFY 2019, TOTAL. Lists 13 vendors and their funding amounts for 2018, 2019, and a total of \$10,415,869.

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

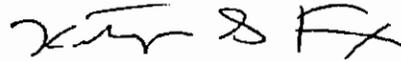
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

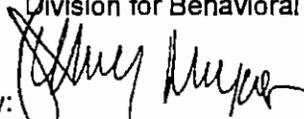


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE
100% Federal Funds
CFDA #93.758 FAIN #B01OT009037**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
 98% Federal Funds & 2% General Funds
 CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

- Bidder Name (YAS)**
1. Mary Hitchcock Memorial Hospital (Sullivan Co)
 2. Mary Hitchcock Memorial Hospital (Upper Valley)
 3. Goodwin Community Health
 4. Granite United Way (Carroll Co)
 5. Granite United Way (Capital Area PH)
 6. Granite United Way (South Central)
 7. Lakes Region Partnership for Public Health
 8. Lamprey Health Care
 9. Manchester Health Dept
 10. Mid-State Health Center
 11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP Name

RFP-2018-DPHS-01-REGION

RFP Number

Reviewer Names

Bidder Name (PHEP)

1.	City of Nashua
2.	Manchester Health Dept
3.	0
4.	0
5.	0
6.	0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schimmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

Table with 5 columns: VENDOR NAME, REGION SERVED, SFY 2018, SFY 2019, TOTAL. Lists 13 vendors and their respective funding amounts for 2018, 2019, and a total of \$10,415,869.

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

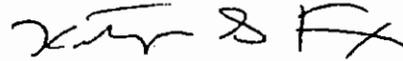
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

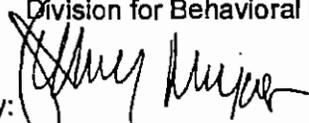


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
 98% Federal Funds & 2% General Funds
 CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2
100% Federal Funds**

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP Name

RFP-2018-DPHS-01-REGION

RFP Number

Reviewer Names

Bidder Name (PHEP)

1. City of Nashua
2. Manchester Health Dept
3. 0
4. 0
5. 0
6. 0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

44.8

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-08

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Lakes Region Partnership for Public Health, Inc.		1.4 Contractor Address 67 Water Street, Suite 105 Laconia, NH 03246	
1.5 Contractor Phone Number 603-528-2145	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$777,024
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Alida A. Millham</i>		1.12 Name and Title of Contractor Signatory ALIDA MILLHAM, BOD <i>President</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Belknap</u> On <u>5/5/17</u> before me, the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>Jessie Grobleau</i>			
1.13.2 Name and Title of Notary Public or Justice of the Peace <i>Jessie Grobleau</i> Administrative and technical support Asst.			
1.14 State Agency Signature <i>Lisa Morris</i> Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <i>[Signature]</i> On: <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Contractor Initials KH
Date 5/5/17



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
 - 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
 - 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
 - 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
 - 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.

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Date 5.5.17



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

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- 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
- 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,

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Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.

6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance

6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.

6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

6.1.6. School-Based Clinics

6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).

7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.

7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.

7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.

7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.

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Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

A handwritten signature in black ink, appearing to be "MMA".



- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
 - 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

- 7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
 - 7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
 - 7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #T1010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

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Exhibit B

2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 14,904.00	\$ 3,079.00	\$ 17,983.00
2. Employee Benefits	\$ 3,335.00	\$ 454.00	\$ 3,789.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 335.00	\$ -	\$ 335.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 270.00	\$ -	\$ 270.00
6. Travel	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 2,038.00	\$ -	\$ 2,038.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,916.00	\$ -	\$ 1,916.00
9. Software	\$ 33.00	\$ -	\$ 33.00
10. Marketing/Communications	\$ 650.00	\$ -	\$ 650.00
11. Staff Education and Training	\$ 1,886.00	\$ -	\$ 1,886.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ 600.00	\$ -	\$ 600.00
Meetings	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 26,467.00	\$ 3,533.00	\$ 30,000.00

Indirect As A Percent of Direct

13.3%

Contractor Initials: AA

Date: 5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lakes Region Partnership for Public Health

**Regional Public Health Network Services -
Budget Request for: PHAC**
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 15,045.00	\$ 3,079.00	\$ 18,124.00
2. Employee Benefits	\$ 3,346.00	\$ 454.00	\$ 3,800.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 335.00	\$ -	\$ 335.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 270.00	\$ -	\$ 270.00
6. Travel	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 2,038.00	\$ -	\$ 2,038.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,916.00	\$ -	\$ 1,916.00
9. Software	\$ 33.00	\$ -	\$ 33.00
10. Marketing/Communications	\$ 650.00	\$ -	\$ 650.00
11. Staff Education and Training	\$ 1,734.00	\$ -	\$ 1,734.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ 600.00	\$ -	\$ 600.00
Meetings	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 26,467.00	\$ 3,533.00	\$ 30,000.00

Indirect As A Percent of Direct

13.3%

\$ -

Contractor Initials: AH

Date: 5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lakes Region Partnership for Public Health

**Regional Public Health Network Services -
Budget Request for: PHEP**
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 47,457.00	\$ 7,177.00	\$ 54,634.00
2. Employee Benefits	\$ 10,287.00	\$ 1,285.00	\$ 11,572.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 558.00	\$ -	\$ 558.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 404.00	\$ -	\$ 404.00
6. Travel	\$ 630.00	\$ -	\$ 630.00
7. Occupancy	\$ 3,732.00	\$ -	\$ 3,732.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,729.00	\$ -	\$ 2,729.00
9. Software	\$ 54.00	\$ -	\$ 54.00
10. Marketing/Communications	\$ 250.00	\$ -	\$ 250.00
11. Staff Education and Training	\$ 200.00	\$ -	\$ 200.00
12. Subcontracts/Agreements	\$ 4,000.00	\$ -	\$ 4,000.00
13. Other (specific details mandatory):	\$ 100.00	\$ -	\$ 100.00
Meetings	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 70,401.00	\$ 8,462.00	\$ 78,863.00

Indirect As A Percent of Direct

12.0%

Contractor Initials: ALH

Date: 5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 47,508.00	\$ 7,177.00	\$ 54,685.00
2. Employee Benefits	\$ 10,291.00	\$ 1,285.00	\$ 11,576.00
3. Consultants	\$ 4,000.00	\$ -	\$ 4,000.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 558.00	\$ -	\$ 558.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 404.00	\$ -	\$ 404.00
6. Travel	\$ 630.00	\$ -	\$ 630.00
7. Occupancy	\$ 3,732.00	\$ -	\$ 3,732.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,674.00	\$ -	\$ 2,674.00
9. Software	\$ 54.00	\$ -	\$ 54.00
10. Marketing/Communications	\$ 250.00	\$ -	\$ 250.00
11. Staff Education and Training	\$ 200.00	\$ -	\$ 200.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ 100.00	\$ -	\$ 100.00
Meetings	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 70,401.00	\$ 8,462.00	\$ 78,863.00

Indirect As A Percent of Direct

12.0%

Contractor Initials: *AM*

Date: 5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lakes Region Partnership for Public Health

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$40,321.00	\$7,655.00	\$ 47,976.00
2. Employee Benefits	\$10,485.00	\$1,233.00	\$ 11,718.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$732.00	\$-	\$ 732.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$531.00	\$-	\$ 531.00
6. Travel	\$1,200.00	\$-	\$ 1,200.00
7. Occupancy	\$3,057.00	\$-	\$ 3,057.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,637.00	\$-	\$ 2,637.00
9. Software	\$71.00	\$-	\$ 71.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$500.00	\$-	\$ 500.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 445.00	\$-	\$ 445.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 60,479.00	\$ 8,888.00	\$ 69,367.00

Indirect As A Percent of Direct

14.7%

\$

Contractor Initials: 

Page 1 of 1

Date: 5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$40,321.00	\$7,655.00	\$ 47,976.00
2. Employee Benefits	\$10,485.00	\$1,233.00	\$ 11,718.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$732.00	\$-	\$ 732.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$531.00	\$-	\$ 531.00
6. Travel	\$1,800.00	\$-	\$ 1,800.00
7. Occupancy	\$2,457.00	\$-	\$ 2,457.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,637.00	\$-	\$ 2,637.00
9. Software	\$71.00	\$-	\$ 71.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$500.00	\$-	\$ 500.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 445.00	\$-	\$ 445.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 60,479.00	\$ 8,888.00	\$ 69,367.00

Indirect As A Percent of Direct

14.7%

Contractor Initials:

AAH

Date:

5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$50,219.00	\$9,631.00	\$ 59,850.00
2. Employee Benefits	\$11,938.00	\$1,530.00	\$ 13,468.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$806.00	\$-	\$ 806.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$525.00	\$-	\$ 525.00
6. Travel	\$1,000.00	\$-	\$ 1,000.00
7. Occupancy	\$5,048.00	\$-	\$ 5,048.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$4,007.00	\$-	\$ 4,007.00
9. Software	\$78.00	\$-	\$ 78.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$2,000.00	\$-	\$ 2,000.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$2,000.00	\$-	\$ 2,000.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 78,121.00	\$11,161.00	\$ 89,282.00

Indirect As A Percent of Direct

14.3%

Contractor Initials: *AM*

Date: 5-5-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$51,725.00	\$9,631.00	\$ 61,356.00
2. Employee Benefits	\$12,053.00	\$1,530.00	\$ 13,583.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$806.00	\$-	\$ 806.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$525.00	\$-	\$ 525.00
6. Travel	\$500.00	\$-	\$ 500.00
7. Occupancy	\$5,048.00	\$-	\$ 5,048.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,586.00	\$-	\$ 3,586.00
9. Software	\$78.00	\$-	\$ 78.00
10. Marketing/Communications	\$400.00	\$-	\$ 400.00
11. Staff Education and Training	\$1,400.00	\$-	\$ 1,400.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 2,000.00	\$-	\$ 2,000.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 78,121.00	\$ 11,161.00	\$ 89,282.00

Indirect As A Percent of Direct

14.3%

Contractor Initials: *ALH*

Date: 5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services
Lakes Region Partnership for Public Health
Bidder/Contractor Name: Health
Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)
Budget Period: SFY 2018

1. Total Salary/Wages	\$2,748.00	\$2,178.00	\$ 4,926.00
2. Employee Benefits	\$774.00	\$372.00	\$ 1,146.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$87.00	\$-	\$ 87.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$70.00	\$-	\$ 70.00
6. Travel	\$250.00	\$-	\$ 250.00
7. Occupancy	\$489.00	\$-	\$ 489.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$474.00	\$-	\$ 474.00
9. Software	\$8.00	\$-	\$ 8.00
10. Marketing/Communications	\$225.00	\$-	\$ 225.00
11. Staff Education and Training	\$300.00	\$-	\$ 300.00
12. Subcontracts/Agreements	\$12,000.00	\$-	\$ 12,000.00
13. Other (specific details mandatory):	\$ 25.00	\$-	\$ 25.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 17,450.00	\$ 2,550.00	\$ 20,000.00

Indirect As A Percent of Direct

14.6%

Contractor Initials: AH

Date: 5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$2,831.00	\$2,178.00	\$ 5,009.00
2. Employee Benefits	\$781.00	\$372.00	\$ 1,153.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$87.00	\$-	\$ 87.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$70.00	\$-	\$ 70.00
6. Travel	\$250.00	\$-	\$ 250.00
7. Occupancy	\$489.00	\$-	\$ 489.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$474.00	\$-	\$ 474.00
9. Software	\$8.00	\$-	\$ 8.00
10. Marketing/Communications	\$135.00	\$-	\$ 135.00
11. Staff Education and Training	\$300.00	\$-	\$ 300.00
12. Subcontracts/Agreements	\$12,000.00	\$-	\$ 12,000.00
13. Other (specific details mandatory):	\$ 25.00	\$-	\$ 25.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 17,450.00	\$ 2,550.00	\$ 20,000.00

Indirect As A Percent of Direct

14.6%

Contractor Initials: *AAH*

Date: 5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$40,574.00	\$9,767.00	\$ 50,341.00
2. Employee Benefits	\$11,852.00	\$1,548.00	\$ 13,400.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$1,768.00	\$-	\$ 1,768.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,050.00	\$-	\$ 1,050.00
6. Travel	\$500.00	\$-	\$ 500.00
7. Occupancy	\$5,243.00	\$-	\$ 5,243.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,814.00	\$-	\$ 3,814.00
9. Software	\$84.00	\$-	\$ 84.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$500.00	\$-	\$ 500.00
12. Subcontracts/Agreements	\$12,500.00	\$-	\$ 12,500.00
13. Other (specific details mandatory):	\$ 300.00	\$-	\$ 300.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 72,200.00	\$11,191.00	\$ 90,000.00

Indirect As A Percent of Direct

15.5%

Contractor Initials:

AM

Date:

5-5-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$40,574.00	\$9,767.00	\$ 50,341.00
2. Employee Benefits	\$11,852.00	\$1,548.00	\$ 13,400.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$1,768.00	\$-	\$ 1,768.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,050.00	\$-	\$ 1,050.00
6. Travel	\$500.00	\$-	\$ 500.00
7. Occupancy	\$5,243.00	\$-	\$ 5,243.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,814.00	\$-	\$ 3,814.00
9. Software	\$84.00	\$-	\$ 84.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$500.00	\$-	\$ 500.00
12. Subcontracts/Agreements	\$12,500.00	\$-	\$ 12,500.00
13. Other (specific details mandatory):	\$ 300.00	\$-	\$ 300.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 78,685.00	\$11,315.00	\$ 90,000.00

Indirect As A Percent of Direct

14.4%

Contractor Initials: AH

Date: 5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$7,306.10	\$-	\$ 7,306.10
2. Employee Benefits	\$950.57	\$-	\$ 950.57
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,150.00	\$-	\$ 1,150.00
6. Travel	\$900.00	\$-	\$ 900.00
7. Occupancy	\$-	\$-	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$-	\$-	\$ -
9. Software	\$-	\$-	\$ -
10. Marketing/Communications	\$-	\$-	\$ -
11. Staff Education and Training	\$-	\$-	\$ -
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 693.33	\$-	\$ 693.33
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 11,000.00	\$ -	\$ 11,000.00

Indirect As A Percent of Direct

0.0%

Contractor Initials: AA

Date: 5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$7,415.69	\$-	\$ 7,415.69
2. Employee Benefits	\$950.57	\$-	\$ 950.57
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,033.74	\$-	\$ 1,033.74
6. Travel	\$900.00	\$-	\$ 900.00
7. Occupancy	\$-	\$-	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$-	\$-	\$ -
9. Software	\$-	\$-	\$ -
10. Marketing/Communications	\$-	\$-	\$ -
11. Staff Education and Training	\$-	\$-	\$ -
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 700.00	\$-	\$ 700.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 11,000.00	\$ -	\$ 11,000.00

Indirect As A Percent of Direct

0.0%

Contractor Initials: AAA

Date: 5/5/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis

New Hampshire Department of Health and Human Services
Exhibit C



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act, NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name: Lakes Region Partnership for Public Health

5.5.17
Date

Alida J. Milham
Name: ALIDA MILHAM
Title: PROS BOD



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name: *Lakes Region Partnership for Public Health*

5.5.17
Date

Acida I. Millham
Name: *Acida I. Millham*
Title: *Pres BOD*



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

*Lakes Region Partnership for
Public Health*

Contractor Name:

5.5.17
Date

Acida I. McElham
Name: ACIDA I. McELHAM
Title: PRES BOB



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

Handwritten signature in black ink, appearing to be 'AJ'.

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: *Lake Region Partnership
for Public Health*

5.5.17
Date

Alida I. Milchan
Name: ALIDA I. MILCHAN
Title: PRES BCSD

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections Contractor Initials *AM*



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: Lakes Region Partnership
for Public Health

5.5.17
Date

Alida I. Millham
Name: ALIDA I. MILLHAM
Title: PRES BOB



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "**Breach**" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "**Business Associate**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "**Covered Entity**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "**Designated Record Set**" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "**Data Aggregation**" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "**Health Care Operations**" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "**HITECH Act**" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "**Individual**" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "**Privacy Rule**" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "**Protected Health Information**" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



Exhibit I

- i. **"Required by Law"** shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. **"Secretary"** shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. **"Security Rule"** shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. **"Unsecured Protected Health Information"** means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. **Other Definitions** - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

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Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

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Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Partnership for Public Health
Name of the Contractor

Alicia I. Millham
Signature of Authorized Representative

ALICIA I. MILLHAM
Name of Authorized Representative

Pres BOD
Title of Authorized Representative

5.5.17
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

*Lakes Region Partnership
for public health.*

Date

5.5.17

Name: *ACIDA I. MILLHAM*
Title: *PRE BOB*

Acida I. Millham

AM

5.5.17



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 786707856
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO _____ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO _____ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Mary Hitchcock Memorial Hospital (Sullivan County Region) (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 1 Medical Center Drive, Lebanon, NH 03756.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$678,161.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
5. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

6. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
7. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.

The rest of this page left intentionally blank.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

Lisa Morris
Director

6-6-18

Date

Mary Hitchcock Memorial Hospital (Sullivan County Region)

Name: Patrick Jordan
Title: Chief Operating Officer

5-31-18

Date

Acknowledgement of Contractor's signature:

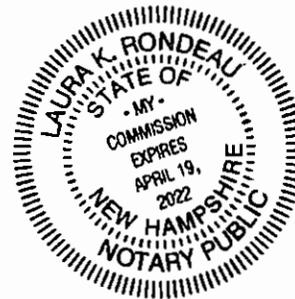
State of New Hampshire County of Grafton on May 31, 2018 before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Laura Rondeau, Notary Public

Name and Title of Notary or Justice of the Peace

My Commission Expires: April 19, 2022



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/7/18
Date

[Signature]
Name: [Signature]
Title: [Signature]

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



Exhibit A-1

-
- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
 - 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
 - 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County**

**Regional Public Health Network Services -
Budget Request for: CoC**

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 23,853.00	\$ 3,697.22	\$ 27,550.22	
2. Employee Benefits	\$ 8,253.14	\$ 1,279.24	\$ 9,532.37	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 89.00	\$ 13.80	\$ 102.80	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 1.40	\$ 0.22	\$ 1.62	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 32,196.54	\$ 4,990.46	\$ 37,187.00	

Indirect As A Percent of Direct

15.5%

RFP-2018-DPHS-01-REGION-10

Contractor Initials: PFJ

Date: 5-31-18

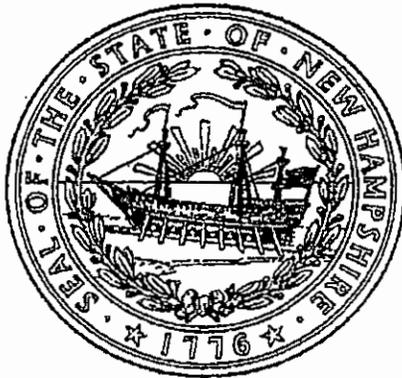
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MARY MITCHCOCK MEMORIAL HOSPITAL, is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. 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: 68517



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2017.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Anne-Lee Verville, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the December 7th, 2012 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:

ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets

“In exercising this [fiduciary] duty, the Board may, consistent with the Corporation’s Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable.”

3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Operating Officer, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Patrick F. Jordan, III, is the Chief Operating Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 31st day of May 2018.

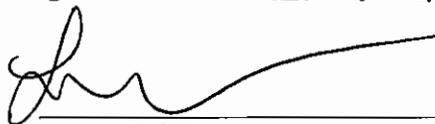


Anne-Lee Verville, Board Chair

STATE OF NHCOUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 31 day of May, 2018, by Anne-Lee Verville.





Notary Public
My Commission Expires: April 19, 2022

CERTIFICATE OF INSURANCE

DATE: June 1, 2018

COMPANY AFFORDING COVERAGE
 Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED
 Dartmouth-Hitchcock Clinic/ MHMH
 One Medical Center Drive
 Lebanon, NH 03756
 (603)653-6850

COVERAGES

This is to certify that the Policy listed below have been issued to the Named Insured above for the Policy Period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims. This policy issued by a risk retention group may not be subject to all insurance laws and regulations in all states. State insurance insolvency funds are not available to a risk retention group policy.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY	0002017-A	07/01/2017	06/30/2018	EACH OCCURRENCE	\$1,000,000
				PRODUCTS-COMP/OP AGGREGATE	
				PERSONAL ADV INJURY	
				GENERAL AGGREGATE	\$3,000,000
OTHER				FIRE DAMAGE	
				MEDICAL EXPENSES	
PROFESSIONAL LIABILITY				EACH CLAIM	
				ANNUAL AGGREGATE	
OTHER					

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Certificate of Insurance issued as evidence of insurance.

CERTIFICATE HOLDER

State of NH, DHHS
 129 Pleasant Street
 Concord, NH 03301

 Attn: Ami Carvotta

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES



CERTIFICATE OF INSURANCE

DATE: June 6, 2018

COMPANY AFFORDING COVERAGE

Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED

Mary Hitchcock Memorial Hospital –DH-H
 One Medical Center Drive
 Lebanon, NH 03756
 (603)653-6850

COVERAGES

This is to certify that the Policy listed below have been issued to the Named Insured above for the Policy Period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims. This policy issued by a risk retention group may not be subject to all insurance laws and regulations in all states. State insurance insolvency funds are not available to a risk retention group policy.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002018-A	07/01/2018	06/30/2019	EACH OCCURRENCE	\$1,000,000
X	CLAIMS MADE				PRODUCTS-COMP/OP AGGREGATE	
					PERSONAL ADV INJURY	
	OCCURRENCE				GENERAL AGGREGATE	\$3,000,000
					FIRE DAMAGE	
OTHER						
PROFESSIONAL LIABILITY					EACH CLAIM	
	CLAIMS MADE				ANNUAL AGGREGATE	
	OCCURRENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Certificate of Insurance issued as evidence of insurance.

CERTIFICATE HOLDER

DHHS
 129 Pleasant Street
 Concord, NH 03301

 Attn: Ami Carvotta

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES





DARTHIT-01

DMCDONALD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

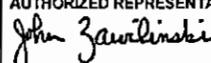
PRODUCER License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: Dan McDonald	
	PHONE (A/C, No, Ext): (508) 808-7293	FAX (A/C, No): (866) 235-7129
E-MAIL ADDRESS: dan.mcdonald@hubinternational.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Safety National Casualty Corporation		15105
INSURED Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	AGC4057405	07/01/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Workers Compensation coverage for Mary Hitchcock Memorial Hospital

CERTIFICATE HOLDER NH DHHS 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



Mission, Vision, & Values

Our Mission

We advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Dartmouth-Hitchcock Health and Subsidiaries

**Consolidated Financial Statements
June 30, 2016 and 2015**

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2016 and 2015

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and Subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We did not audit the consolidated financial statements of The Cheshire Medical Center, a subsidiary whose sole member is Dartmouth-Hitchcock Health, which statements reflect total assets of 8.8% and 9.7% of consolidated total assets at June 30, 2016 and 2015, respectively, and total revenues of 9.2% and 3.5%, respectively, of consolidated total revenues for the years then ended. Those statements were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for The Cheshire Medical Center, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Health System as of June 30, 2016 and 2015, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 26, 2016

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Assets		
Current assets		
Cash and cash equivalents	\$ 40,592	\$ 38,909
Patient accounts receivable, net of estimated uncollectibles of \$118,403 and \$92,532 at June 30, 2016 and 2015 (Note 4)	260,988	204,272
Prepaid expenses and other current assets	95,820	100,586
Total current assets	<u>397,400</u>	<u>343,767</u>
Assets limited as to use (Notes 5, 7, and 10)	592,468	620,425
Other investments for restricted activities (Notes 5 and 7)	142,036	132,016
Property, plant, and equipment, net (Note 6)	612,564	601,355
Other assets	91,199	88,450
Total assets	<u>\$ 1,835,667</u>	<u>\$ 1,786,013</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 18,307	\$ 17,179
Line of credit (Note 13)	36,550	1,200
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,176	3,249
Accounts payable and accrued expenses (Note 13)	107,544	120,221
Accrued compensation and related benefits	103,554	94,864
Estimated third-party settlements (Note 4)	30,550	36,599
Total current liabilities	<u>299,681</u>	<u>273,312</u>
Long-term debt, excluding current portion (Note 10)	629,274	575,484
Insurance deposits and related liabilities (Note 12)	56,887	62,356
Interest rate swaps (Notes 7 and 10)	28,917	24,740
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	272,493	190,280
Other liabilities	58,911	56,109
Total liabilities	<u>1,346,163</u>	<u>1,182,281</u>
Commitments and contingencies (Notes 4, 6, 7, 10, and 13)		
Net assets		
Unrestricted (Note 9)	360,183	474,194
Temporarily restricted (Notes 8 and 9)	75,731	76,457
Permanently restricted (Notes 8 and 9)	53,590	53,081
Total net assets	<u>489,504</u>	<u>603,732</u>
Total liabilities and net assets	<u>\$ 1,835,667</u>	<u>\$ 1,786,013</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted revenue and other support		
Net patient service revenue, net of provision for bad debt (\$55,121 and \$17,562 in 2016 and 2015), (Notes 1 and 4)	\$ 1,634,154	\$ 1,380,559
Contracted revenue (Note 2)	65,982	80,835
Other operating revenue (Note 2 and 5)	82,352	82,993
Net assets released from restrictions	9,219	15,637
Total unrestricted revenue and other support	<u>1,791,707</u>	<u>1,560,024</u>
Operating expenses		
Salaries	872,465	778,387
Employee benefits	234,407	214,627
Medical supplies and medications	309,814	219,967
Purchased services and other	255,141	218,704
Medicaid enhancement tax (Note 4)	58,565	51,996
Depreciation and amortization	80,994	67,213
Interest (Note 10)	19,301	18,442
Total operating expenses	<u>1,830,687</u>	<u>1,569,336</u>
Operating loss	<u>(38,980)</u>	<u>(9,312)</u>
Nonoperating gains (losses)		
Investment losses (Notes 5 and 10)	(20,103)	(11,015)
Other losses	(3,845)	(1,241)
Contribution revenue from acquisition (Note 3)	18,083	92,499
Total nonoperating (losses) gains, net	<u>(5,865)</u>	<u>80,243</u>
(Deficiency) excess of revenue over expenses	<u>\$ (44,845)</u>	<u>\$ 70,931</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted net assets		
(Deficiency) excess of revenue over expenses	\$ (44,845)	\$ 70,931
Net assets released from restrictions	3,248	2,411
Change in funded status of pension and other postretirement benefits (Note 11)	(66,541)	(60,892)
Change in fair value of interest rate swaps (Note 10)	<u>(5,873)</u>	<u>(931)</u>
(Decrease) increase in unrestricted net assets	<u>(114,011)</u>	<u>11,519</u>
Temporarily restricted net assets		
Gifts, bequests, sponsored activities	12,227	10,625
Investment gains	518	1,797
Change in net unrealized gains on investments	(1,674)	(1,619)
Net assets released from restrictions	(12,467)	(18,048)
Contribution of temporarily restricted net assets from acquisition	<u>670</u>	<u>19,038</u>
(Decrease) increase in temporarily restricted net assets	<u>(726)</u>	<u>11,793</u>
Permanently restricted net assets		
Gifts and bequests	699	389
Investment losses in beneficial interest in trust	(219)	(187)
Contribution of permanently restricted net assets from acquisition	<u>29</u>	<u>16,610</u>
Increase in permanently restricted net assets	<u>509</u>	<u>16,812</u>
Change in net assets	<u>(114,228)</u>	<u>40,124</u>
Net assets		
Beginning of year	<u>603,732</u>	<u>563,608</u>
End of year	<u>\$ 489,504</u>	<u>\$ 603,732</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Cash flows from operating activities		
Change in net assets	\$ (114,228)	\$ 40,124
Adjustments to reconcile change in net assets to net cash (used) provided by operating and nonoperating activities		
Change in fair value of interest rate swaps	4,177	(104)
Provision for bad debt	55,121	17,562
Depreciation and amortization	81,138	67,414
Contribution revenue from acquisition	(18,782)	(128,147)
Change in funded status of pension and other postretirement benefits	66,541	60,892
Loss on disposal of fixed assets	2,895	670
Net realized losses and change in net unrealized losses on investments	27,573	15,795
Restricted contributions	(4,301)	(11,040)
Proceeds from sale of securities	496	723
Changes in assets and liabilities		
Patient accounts receivable, net	(101,567)	(17,151)
Prepaid expenses and other current assets	4,767	9,165
Other assets, net	2,188	(4,388)
Accounts payable and accrued expenses	(23,668)	(5,169)
Accrued compensation and related benefits	5,343	8,684
Estimated third-party settlements	(3,652)	2,637
Insurance deposits and related liabilities	(14,589)	(17,177)
Liability for pension and other postretirement benefits	15,599	(25,471)
Other liabilities	2,109	(669)
Net cash (used) provided by operating and nonoperating activities	<u>(12,840)</u>	<u>14,350</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(73,021)	(87,196)
Proceeds from sale of property, plant, and equipment	612	1,533
Purchases of investments	(67,117)	(166,589)
Proceeds from maturities and sales of investments	66,105	195,950
Cash received through acquisition	12,619	29,914
Net cash used by investing activities	<u>(60,802)</u>	<u>(26,388)</u>
Cash flows from financing activities		
Proceeds from line of credit	140,600	60,904
Payments on line of credit	(105,250)	(60,700)
Repayment of long-term debt	(104,343)	(54,682)
Proceeds from issuance of debt	140,031	43,452
Payment of debt issuance costs	(14)	6
Restricted contributions	4,301	11,040
Net cash provided by financing activities	<u>75,325</u>	<u>20</u>
Increase (decrease) in cash and cash equivalents	1,683	(12,018)
Cash and cash equivalents		
Beginning of year	38,909	50,927
End of year	<u>\$ 40,592</u>	<u>\$ 38,909</u>
Supplemental cash flow information		
Interest paid	\$ 22,298	\$ 21,659
Asset (depreciation) appreciation due to affiliations	(960)	15,596
Construction in progress included in accounts payable and accrued expenses	16,427	12,259
Equipment acquired through issuance of capital lease obligations	2,001	1,741
Donated securities	688	685

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC) (collectively referred to as "Dartmouth-Hitchcock" (D-H)), New London Hospital Association (NLH), MT. Ascutney Hospital and Health Center (MAHHC), The Cheshire Medical Center (Cheshire) and Alice Peck Day Health Systems Corp. (APD).

The "Health System" consists of D-HH, its affiliates and their subsidiaries.

D-HH currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. D-HH also operates four physician practices and a nursing home. D-HH operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, MHMH, DHC, NLH, Cheshire and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC is a VT not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the IRC.

Fiscal year 2016 includes a full year of operations of D-HH, D-H, NLH, MAHHC, Cheshire and four months of operations of APD. Fiscal year 2015 includes a full year of operations of D-HH, D-H, NLH, MAHHC and four months of operations of Cheshire.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

The Health System files annual Community Benefits Reports with the State of NH which outlines the community and charitable benefits it provides. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community health services* include activities carried out to improve community health and could include community health education (such as lectures, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

Dartmouth-Hitchcock Health and Subsidiaries

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- *Subsidized health services* are services provided, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research support and other grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations.
- *Community health-related initiatives* occur outside of the organization(s) through various financial contributions of cash, in-kind, and grants to local organizations.
- *Community-building activities* include cash, in-kind donations, and budgeted expenditures for the development of programs and partnerships intended to address social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement. Community benefit operations includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.
- *Charity care (financial assistance)* represents services provided to patients who cannot afford healthcare services due to inadequate financial resources which result from being uninsured or underinsured. For the years ended June 30, 2016 and 2015, the Health System provided financial assistance to patients in the amount of approximately \$30,637,000 and \$50,076,000, respectively, as measured by gross charges. The estimated cost of providing this care for the years ended June 30, 2016 and 2015 was approximately \$12,257,000 and \$18,401,000, respectively. The estimated costs of providing charity care services are determined applying a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of costs to charges is calculated using total expenses, less bad debt, divided by gross revenue.

Charity care provided by the Health System decreased by approximately \$19,400,000 from 2015 to 2016. This change was due to the implementation of the Federal Exchange in December of 2013 and the NH Medicaid Expansion Plan in August of 2014. The Health System began to experience decreases in uninsured patients and increases in patients covered by the Federal Exchange NH in summer of calendar 2015 (fiscal year 2015) which continued to decrease as more NH uninsured and underinsured patients were able to receive coverage by the Federal or NH Medicaid plans specifically impacting fiscal 2016.

- *Government-sponsored healthcare services* are provided to Medicaid and Medicare patients at reimbursement levels that are significantly below the cost of the care provided.
- *The uncompensated cost of care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2015 was approximately \$146,758,000. The 2016 Community Benefits Reports are expected to be filed in February 2017.

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The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2015:

(Unaudited, in thousands of dollars)

Community health services	\$ 4,373
Health professional education	30,157
Subsidized health services	13,645
Research	5,361
Financial contributions	5,829
Community building activities	623
Community benefit operations	582
Charity care	18,401
Government-sponsored healthcare services	258,189
Total community benefit value	\$ 337,160

The Health System also provides a significant amount of uncompensated care to its patients that are reported as provision for bad debts, which is not included in the amounts reported above. During the years ended June 30, 2016 and 2015, the Health System reported a provision for bad debt expense of approximately \$55,121,000 and \$17,562,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954 *Healthcare Entities* (ASC 954), which addresses the accounting for healthcare entities. In accordance with the provisions of ASC 954, net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, unrestricted net assets are amounts not subject to donor-imposed stipulations and are available for operations. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant areas that are affected by the use of estimates include the allowance for estimated uncollectible accounts and contractual allowances, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

(Deficiency) Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of

Dartmouth-Hitchcock Health and Subsidiaries

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patients, including contributions and investment income on unrestricted investments, which are utilized to provide charity and other operational support. Peripheral activities, including unrestricted contribution income from acquisitions, realized gains/losses on sales of investment securities and changes in unrealized gains/losses in investments are reported as nonoperating gains (losses).

Changes in unrestricted net assets which are excluded from (deficiency) excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), change in funded status of pension and other postretirement benefit plans, and the effective portion of the change in fair value of interest rate swaps.

Charity Care and Provision for Bad Debts

The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and bad debt expense. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contract Revenue

The Health System has various Professional Service Agreements (PSAs), pursuant to which certain facilities purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue

The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. This revenue includes retail pharmacy, joint operating agreements, grant revenue, cafeteria sales, meaningful use incentive payments and other support service revenue.

Cash Equivalents

Cash equivalents include investments in highly liquid investments with maturities of three months or less when purchased, excluding amounts where use is limited by internal designation or other arrangements under trust agreements or by donors.

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Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds and pooled/commingled funds, and all investments in debt securities are considered to be trading securities reported at fair value with changes in fair value included in the (deficiency) excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in (deficiency) excess of revenues over expenses. All investments, whether held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

Certain affiliates of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and restricted assets were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on unrestricted investments, change in value of equity method investments, interest, and dividends) are included in (deficiency) excess of revenue over expenses classified as nonoperating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV)

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per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amount of patient accounts receivable, prepaid and other current assets, accounts payable, and accrued expenses approximates fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair market value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as unrestricted support, and excluded from (deficiency) excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheets as other assets, are amortized over the term of the related bonds. Amortization is recorded within depreciation and amortization in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

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Trade Names

The Health System records trade names as intangible assets within other assets on the consolidated statements of financial position. The Health System considers trade names to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded \$2,700,000 as intangible assets associated with its affiliations as of June 30, 2016 and 2015. There were no impairment charges recorded for the years ended June 30, 2016 and 2015.

Derivative Instruments and Hedging Activities

The Health System applies the provisions of ASC 815, *Derivatives and Hedging*, to its derivative instruments, which require that all derivative instruments be recorded at their respective fair value in the consolidated balance sheets.

On the date a derivative contract is entered into, the Health System designates the derivative as a cash-flow hedge of a forecasted transaction or the variability of cash flows to be received or paid related to a recognized asset or liability. For all hedge relationships, the Health System formally documents the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking cash-flow hedges to specific assets and liabilities on the consolidated balance sheets or to specific firm commitments or forecasted transactions. The Health System also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in variability of cash flows of hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded in unrestricted net assets until earnings are affected by the variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a cash-flow hedge is reported in (deficiency) excess of revenue over expenses in the consolidated statements of operation and changes in net assets.

The Health System discontinues hedge accounting prospectively when it is determined: (a) the derivative is no longer effective in offsetting changes in the cash flows of the hedged item; (b) the derivative expires or is sold, terminated, or exercised; (c) the derivative is undesignated as a hedging instrument because it is unlikely that a forecasted transaction will occur; (d) a hedged firm commitment no longer meets the definition of a firm commitment; and (e) management determines that designation of the derivative as a hedging instrument is no longer appropriate.

In all situations in which hedge accounting is discontinued, the Health System continues to carry the derivative at its fair value on the consolidated balance sheets and recognizes any subsequent changes in its fair value in (deficiency) excess of revenue over expenses.

Gifts and Bequests

Unrestricted gifts and bequests are recorded net of related expenses as nonoperating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair market value at the date the gift is received. Gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

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Reclassifications

Certain amounts in the 2015 consolidated financial statements have been reclassified to conform to the 2016 presentation. In 2016 the presentation of net assets released from restrictions was changed from a single line presentation in the consolidated statement of operations to one in which the net assets released from restriction are classified in their natural expense classifications.

Recently Issued Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued ASU 2014-09 - Revenue from Contracts with Customers at the conclusion of a joint effort with the International Accounting Standards Board to create common revenue recognition guidance for U.S. GAAP and international accounting standards. This framework ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services, by allocating transaction price to identified performance obligations, and recognizing that revenue as performance obligations are satisfied. Qualitative and quantitative disclosures will be required to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The original standard was effective for fiscal years beginning after December 15, 2016; however, in July 2015, the FASB approved a one-year deferral of this standard, with a new effective date for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In May 2015, the FASB issued ASU 2015-07- Disclosures for Certain Entities That Calculate Net Asset Value per Share (or its Equivalent), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as the practical expedient. This guidance is effective in fiscal year 2017. The Health System is evaluating the impact this will have on the consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03 - Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs, which requires all costs incurred to issue debt to be presented in the balance sheet as a direct deduction from the carrying value of the associated debt liability. This guidance is effective for fiscal years beginning after December 15, 2015, or fiscal 2017 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02 - Leases, which, requires a lessee to recognize a right-of-use asset and a lease liability, initially measured at the present value of the lease payments, in its balance sheet. The standard also requires a lessee to recognize a single lease cost, calculated so that the cost of the lease is allocated over the lease term, on a generally straight-line basis. The guidance also expands the required quantitative and qualitative disclosures surrounding leases. The ASU is effective for fiscal years beginning after December 15, 2018, or fiscal year 2020 for the Health System. Early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01- Recognition and Measurement of Financial Assets and Financial Liabilities, which address certain aspects of recognition, measurement, presentation and disclosure of financial instruments. This guidance allows an entity to choose, investment-by-investment, to report an equity investment that neither has a readily determinable fair value, nor qualifies for the practical expedient for fair value estimation using NAV, at its cost minus impairment (if any), plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issue. Impairment of such investments must be assessed qualitatively at each reporting period. Entities must disclose their financial assets and liabilities by measurement category and form of asset either on the face of the balance sheet or in the accompanying notes. The ASU is effective for annual reporting periods

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beginning after December 15, 2018 or fiscal year 2020 for the Health System. The provision to eliminate the requirement to disclose the fair value of financial instruments measured at cost (such as the fair value of debt) may be early adopted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In August 2016, the FASB issued ASU 2016-14 - Presentation of Financial Statements for Not-for-Profit Entities, which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting will be streamlined and clarified. The existing three-category classification of net assets will be replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment have also been simplified and clarified. New disclosures will highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. Not-for-profits will continue to have flexibility to decide whether to report an operating subtotal and if so, to self-define what is included or excluded. However, if the operating subtotal includes internal transfers made by the governing board, transparent disclosure must be provided. The ASU also imposes several new requirements related to reporting expenses, including providing information about expenses by their natural classification. The ASU is effective for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System and early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. Acquisitions

Effective March 1, 2016, D-HH became the sole corporate member of APD through an affiliation agreement. APD is a not-for-profit corporation providing inpatient and outpatient services to residents of the Upper Valley in NH and VT. APD has a fiscal year end of September 30.

The D-HH 2016 consolidated financial statements reflect four months of activity for APD beginning March 1, 2016.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Health System recorded contribution income of approximately \$18,782,000 reflecting the fair value of the contributed net assets of APD, on the transaction date. Of this amount \$18,083,000 represents unrestricted net assets and is included as a nonoperating gain in the accompanying consolidated statement of operations. Restricted contribution income of \$670,000 and \$29,000 was recorded within temporarily and permanently net assets, respectively in the accompanying consolidated statement of changes in net assets. No consideration was exchanged for the net assets contributed and acquisition costs are expensed as incurred.

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The fair value of assets, liabilities, and net assets contributed by APD at March 1, 2016 were as follows:

(in thousands of dollars)

Assets	
Cash and cash equivalents	\$ 12,619
Patient accounts receivable, net	10,271
Property, plant, and equipment, net	16,600
Other assets	4,939
Estimated third-party settlements	2,397
Total assets acquired	<u>\$ 46,826</u>
Liabilities	
Accounts payable and accrued expenses	\$ 6,823
Accrued compensation and related benefits	3,347
Long-term debt	17,181
Other liabilities	693
Total liabilities assumed	<u>28,044</u>
Net Assets	
Unrestricted	18,083
Temporarily restricted	670
Permanently restricted	29
Total net assets	<u>18,782</u>
Total liabilities and net assets	<u>\$ 46,826</u>

A summary of the financial results of APD included in the consolidated statement of operations and changes in net assets for the period from the date of acquisition March 1, 2016 through June 30, 2016 is as follows:

(in thousands of dollars)

Total operating revenues	\$ 20,973
Total operating expenses	<u>21,374</u>
Operating gain	(401)
Nonoperating gains	<u>235</u>
Excess of revenue over expenses	(166)
Net assets transferred to affiliate	18,782
Changes in temporarily and permanently net assets	<u>24</u>
Increase in net assets	<u>\$ 18,640</u>

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A summary of the consolidated financial results of the Health System for the years ended June 30, 2016 and 2015 as if the transactions had occurred on July 1, 2014 are as follows (unaudited):

<i>(in thousands of dollars)</i>	2016	2015
Total operating revenues	\$ 1,835,177	\$ 1,658,250
Total operating expenses	<u>1,872,167</u>	<u>1,671,124</u>
Operating loss	(36,990)	(12,874)
Nonoperating gains	<u>(6,045)</u>	<u>81,277</u>
(Deficiency) excess of revenue over expenses	(43,035)	68,403
Net assets released from restriction used for capital purchases	3,248	2,411
Change in funded status of pension and other post retirement benefits	(66,541)	(65,128)
Change in fair value on interest rate swaps	<u>(5,873)</u>	<u>(931)</u>
(Decrease) increase in unrestricted net assets	<u>\$ (112,201)</u>	<u>\$ 4,755</u>

4. Patient Service Revenue and Accounts Receivable

Patient service revenue is reported net of contractual allowances and the provision for bad debts as follows for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Gross patient service revenue	\$ 4,426,305	\$ 3,656,514
Less: Contractual allowances	2,737,030	2,258,393
Provision for bad debt	<u>55,121</u>	<u>17,562</u>
Net patient service revenue	<u>\$ 1,634,154</u>	<u>\$ 1,380,559</u>

Accounts receivable are reduced by an allowance for estimated uncollectibles. In evaluating the collectability of accounts receivable, the Health System analyzes past collection history and identifies trends for several categories of self-pay accounts (uninsured, residual balances, pre-collection accounts and charity) to estimate the appropriate allowance percentages in establishing the allowance for bad debt expense. Management performs collection rate look-back analyses on a quarterly basis to evaluate the sufficiency of the allowance for estimated uncollectibles. Throughout the year, after all reasonable collection efforts have been exhausted, the difference between the standard rates and the amounts actually collected, including contractual adjustments and uninsured discounts, will be written off against the allowance for estimated uncollectibles. In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for estimated uncollectibles.

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Accounts receivable, prior to adjustment for estimated uncollectibles, are summarized as follows at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Receivables		
Patients	\$ 126,320	\$ 123,881
Third-party payors	244,716	171,141
Nonpatient	8,355	1,782
	<u>\$ 379,391</u>	<u>\$ 296,804</u>

The allowance for estimated uncollectibles is \$118,403,000 and \$92,532,000 as of June 30, 2016 and 2015.

The following table categorizes payors into five groups and their respective percentages of gross patient service revenue for the years ended June 30, 2016 and 2015:

	2016	2015
Medicare	42 %	40 %
Anthem/blue cross	19	21
Commercial insurance	22	20
Medicaid	14	15
Self-pay/other	3	4
	<u>100 %</u>	<u>100 %</u>

The Health System has agreements with third-party payors that provide for payments at amounts different from their established rates. A summary of the acute care payment arrangements in effect during the years ended June 30, 2016 and 2015 with major third-party payors follows:

Medicare

The Health System's inpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system. Under the system, outpatient services are reimbursed based on a pre-determined amount for each outpatient procedure, subject to various mandated modifications. The Health System is reimbursed during the year for services to Medicare beneficiaries based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subsequent audit of this report by the Medicare fiscal intermediary.

Certain of the Health System's affiliates qualify as Critical Access Hospitals (CAH), which are reimbursed by Medicare at 101% (subject to sequestration of 2%) of reasonable costs for its inpatient acute, swing bed, and outpatient services, excluding ambulance services and inpatient hospice care. They are reimbursed at an interim rate for cost based services with a final settlement determined by the Medicare Cost Report filing. The nursing home and the rehabilitation distinct-

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part-unit are not impacted by CAH designation. Medicare reimburses both services based on an acuity driven prospective payment system with no retrospective settlement.

Medicaid

The Health System's payments for inpatient services rendered to NH Medicaid beneficiaries are based on a prospective payment system, while outpatient services are reimbursed on a retrospective cost basis or fee schedules. NH Medicaid Outpatient Direct Medical Education costs are reimbursed, as a pass-through, based on the filing of the Medicare cost report. Payment for inpatient and outpatient services rendered to VT Medicaid beneficiaries are based on prospective payment systems and the skilled nursing facility is reimbursed on a prospectively determined per diem rate.

During the years ended June 30, 2016 and 2015, the Health System recorded State of NH Medicaid Enhancement Tax (MET) and State of VT Provider Tax of \$58,565,000 and \$51,996,000, respectively. The taxes are calculated at 5.5% for NH and 6% for VT of certain net patient revenues in accordance with instructions received from the States. The provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

On June 30, 2014, the NH Governor signed into law a bi-partisan legislation reflecting an agreement between the State of NH and 25 NH hospitals on the Medicaid Enhancement Tax "SB 369". As part of the agreement the parties have agreed to resolve all pending litigation related to MET and Medicaid Rates, including the Catholic Medical Center Litigation, the Northeast Rehabilitation Litigation, 2014 DRA Refund Requests, and the State Rate Litigation. As part of the Medicaid Enhancement Tax Agreement Effective July 1, 2014, a "Trust / Lock Box" dedicated fund mechanism will be established for receipt and distribution of all MET proceeds with all monies used exclusively to support Medicaid services. During the years ended June 30, 2016 and 2015, the Health System received disproportionate share hospital (DSH) payments of approximately \$56,718,000 and \$10,152,000, respectively which is included in Net Patient Service Revenue in the consolidated statement of operations and changes in net assets.

The Health Information Technology for Economic and Clinical Health (HITECH) Act included in the American Recovery and Reinvestment Act (ARRA) provides incentives for the adoption and use of health information technology by Medicare and Medicaid providers and eligible professionals over the next several years with an anticipated end date of December 31, 2016, depending on the program. The Health System has recognized \$2,330,000 and \$4,175,000 in meaningful use incentives for both the Medicare and VT Medicaid programs during the years ended June 30, 2016 and 2015, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action; failure to comply with such laws and regulations can result in fines, penalties and exclusion from the Medicare and Medicaid programs.

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Other

For services provided to patients with commercial insurance the Health System receives payment for inpatient services at prospectively determined rates-per-discharge, prospectively determined per diem rates or a percentage of established charges. Outpatient services are reimbursed on a fee schedule or at a discount from established charges.

Nonacute and physician services are paid at various rates under different arrangements with governmental payors, commercial insurance carriers and health maintenance organizations. The basis for payments under these arrangements includes prospectively determined per visit rates, discounts from established charges, fee schedules, and reasonable cost subject to limitations.

The Health System has provided for its estimated final settlements with all payors based upon applicable contracts and reimbursement legislation and timing in effect for all open years (2007 - 2015). The differences between the amounts provided and the actual final settlement, if any, is recorded as an adjustment to net patient service revenue as amounts become known or as years are no longer subject to audits, reviews and investigations. During 2016 and 2015, changes in prior estimates related to the Health System's settlements with third-party payors resulted in (decreases) increases in net patient service revenue of (\$859,000) and \$5,550,000 respectively, in the consolidated statements of operations and changes in net assets.

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5. Investments

The composition of investments at June 30, 2016 and 2015 is set forth in the following table:

<i>(in thousands of dollars)</i>	2016	2015
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 12,915	\$ 8,475
U.S. government securities	33,578	36,634
Domestic corporate debt securities	65,610	80,254
Global debt securities	119,385	111,156
Domestic equities	100,009	106,350
International equities	61,768	69,965
Emerging markets equities	34,282	36,591
Real Estate Investment Trust	432	621
Private equity funds	33,209	26,843
Hedge funds	52,337	56,590
	<u>513,525</u>	<u>533,479</u>
Investments held by captive insurance companies (Note 12)		
U.S. government securities	22,484	27,730
Domestic corporate debt securities	29,123	32,017
Global debt securities	5,655	4,883
Domestic equities	7,830	7,669
International equities	11,901	12,869
	<u>76,993</u>	<u>85,168</u>
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	1,950	1,778
Total assets limited as to use	<u>\$ 592,468</u>	<u>\$ 620,425</u>

<i>(in thousands of dollars)</i>	2016	2015
Other investments for restricted activities		
Cash and short-term investments	\$ 12,219	\$ 5,448
U.S. government securities	21,351	19,730
Domestic corporate debt securities	33,203	34,548
Global debt securities	20,808	18,947
Domestic equities	19,215	18,354
International equities	13,986	14,777
Emerging markets equities	4,887	5,077
Real Estate Investment Trust	470	533
Private equity funds	4,780	3,653
Hedge funds	11,087	10,921
Other	30	28
Total other investments for restricted activities	<u>\$ 142,036</u>	<u>\$ 132,016</u>

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used when debt securities or equity securities are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2016 and 2015. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

(in thousands of dollars)

	2016		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 27,084	\$ -	\$ 27,084
U.S. government securities	77,413	-	77,413
Domestic corporate debt securities	101,271	26,665	127,936
Global debt securities	40,356	105,492	145,848
Domestic equities	115,082	11,972	127,054
International equities	23,271	64,384	87,655
Emerging markets equities	331	38,838	39,169
Real Estate Investment Trust	20	882	902
Private equity funds	-	37,989	37,989
Hedge funds	-	63,424	63,424
Other	30	-	30
	\$ 384,858	\$ 349,646	\$ 734,504

(in thousands of dollars)

	2015		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 15,700	\$ -	\$ 15,700
U.S. government securities	84,095	-	84,095
Domestic corporate debt securities	115,698	31,121	146,819
Global debt securities	54,193	80,792	134,985
Domestic equities	119,883	12,491	132,374
International equities	25,790	71,822	97,612
Emerging markets equities	95	41,571	41,666
Real Estate Investment Trust	-	1,154	1,154
Private equity funds	-	30,496	30,496
Hedge funds	-	67,512	67,512
Other	28	-	28
	\$ 415,482	\$ 336,959	\$ 752,441

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Investment income (losses) is comprised of the following for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted		
Interest and dividend income, net	\$ 5,088	\$ 7,927
Net realized gains on sales of securities	(1,223)	12,432
Change in net unrealized gains on investments	<u>(22,980)</u>	<u>(28,824)</u>
	<u>(19,115)</u>	<u>(8,465)</u>
Temporarily restricted		
Interest and dividend income, net	536	1,151
Net realized gains on sales of securities	(18)	646
Change in net unrealized gains on investments	<u>(1,674)</u>	<u>(1,619)</u>
	<u>(1,156)</u>	<u>178</u>
Permanently restricted		
Change in net unrealized losses on beneficial interest in trust	<u>(219)</u>	<u>(187)</u>
	<u>(219)</u>	<u>(187)</u>
	<u>\$ (20,490)</u>	<u>\$ (8,474)</u>

For the years ended June 30, 2016 and 2015 unrestricted investment income (losses) is reflected in the accompanying consolidated statements of operations and changes in net assets as operating revenue of approximately \$988,000 and \$2,550,000 and as nonoperating (losses) gains of approximately (\$20,103,000) and (\$11,015,000), respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2016 and 2015, the Health System has committed to contribute approximately \$116,851,000 and \$105,782,000 to such funds, of which the Health System has contributed approximately \$80,019,000 and \$66,918,000 and has outstanding commitments of \$36,832,000 and \$38,864,000, respectively.

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6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Land	\$ 33,004	\$ 29,558
Land improvements	36,899	31,750
Buildings and improvements	801,840	714,689
Equipment	744,443	590,501
Equipment under capital leases	20,823	17,824
	<u>1,637,009</u>	<u>1,384,322</u>
Less: Accumulated depreciation and amortization	1,046,617	818,816
Total depreciable assets, net	590,392	565,506
Construction in progress	22,172	35,849
	<u>\$ 612,564</u>	<u>\$ 601,355</u>

As of June 30, 2016 construction in progress primarily consists of the construction of the Hospice & Palliative Care building and the renovation of the Borwell building in Lebanon, NH. The estimated cost to complete these projects at June 30, 2016 is \$20,300,000 and \$580,000, respectively. New London Hospital's construction in progress primarily consists of a building addition at Newport Health Center which is expected to be completed in October 2016 at a cost of \$1,200,000.

The construction in progress for the Williamson building reported as of June 30, 2015 was completed during the first quarter of fiscal year 2016 and the major inpatient and outpatient rehabilitation renovations taking place at Mt. Ascutney Hospital reported as construction in progress as of June 30, 2015 were completed during the third quarter of fiscal year 2016.

Depreciation and amortization expense included in operating and nonoperating activities was approximately \$81,138,000 and \$67,414,000 for 2016 and 2015, respectively.

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments

Consists of money market funds and are valued at NAV reported by the financial institution.

Domestic, Emerging Markets and International Equities

Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities

Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are

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based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Interest Rate Swaps

The fair value of interest rate swaps, are determined using the present value of the fixed and floating legs of the swaps. Each series of cash flows are discounted by observable market interest rate curves and credit risk.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2016 and 2015:

(in thousands of dollars)	2016				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Assets						
Investments						
Cash and short term investments	\$ 27,084	\$ -	\$ -	\$ 27,084	Daily	1
U.S. government securities	77,413	-	-	77,413	Daily	1
Domestic corporate debt securities	27,626	73,645	-	101,271	Daily-Monthly	1-15
Global debt securities	23,103	17,253	-	40,356	Daily-Monthly	1-15
Domestic equities	115,082	-	-	115,082	Daily-Monthly	1-10
International equities	23,271	-	-	23,271	Daily-Monthly	1-11
Emerging market equities	331	-	-	331	Daily-Monthly	1-7
Real Estate Investment Trust	20	-	-	20	Daily-Monthly	1-7
Other	-	30	-	30	Not applicable	Not applicable
Total investments	293,930	90,928	-	384,858		
Deferred compensation plan assets						
Cash and short-term investments	2,478	-	-	2,478		
U.S. government securities	30	-	-	30		
Domestic corporate debt securities	6,710	-	-	6,710		
Global debt securities	794	-	-	794		
Domestic equities	23,502	-	-	23,502		
International equities	8,619	-	-	8,619		
Emerging market equities	2,113	-	-	2,113		
Real estate	2,057	-	-	2,057		
Multi strategy fund	9,188	-	-	9,188		
Guaranteed contract	-	-	80	80		
Total deferred compensation plan assets	55,491	-	80	55,571	Not applicable	Not applicable
Beneficial interest in trusts						
Total assets	\$ 349,421	\$ 90,928	\$ 9,087	\$ 449,516	Not applicable	Not applicable
Liabilities						
Interest rate swaps	\$ -	\$ 28,917	\$ -	\$ 28,917	Not applicable	Not applicable
Total liabilities	\$ -	\$ 28,917	\$ -	\$ 28,917		

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<i>(in thousands of dollars)</i>	2015				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Assets						
Investments						
Cash and short term investments	\$ 15,700	\$ -	\$ -	\$ 15,700	Daily	1
U.S. government securities	84,095	-	-	84,095	Daily	1
Domestic corporate debt securities	34,671	81,027	-	115,698	Daily-Monthly	1-15
Global debt securities	44,107	10,086	-	54,193	Daily-Monthly	1-15
Domestic equities	119,883	-	-	119,883	Daily-Monthly	1-10
International equities	25,790	-	-	25,790	Daily-Monthly	1-11
Emerging market equities	95	-	-	95	Daily-Monthly	1-7
Other	-	28	-	28	Not applicable	Not applicable
Total investments	324,341	91,141	-	415,482		
Deferred compensation plan assets						
Cash and short-term investments	2,988	-	-	2,988		
U.S. government securities	46	-	-	46		
Domestic corporate debt securities	5,765	-	-	5,765		
Global debt securities	748	-	-	748		
Domestic equities	21,861	-	-	21,861		
International equities	8,808	-	-	8,808		
Emerging market equities	2,232	-	-	2,232		
Real estate	1,874	-	-	1,874		
Multi strategy fund	8,155	-	-	8,155		
Guaranteed contract	-	-	78	78		
Total deferred compensation plan assets	52,477	-	78	52,555	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,345	9,345	Not applicable	Not applicable
Total assets	\$ 376,818	\$ 91,141	\$ 9,423	\$ 477,382		
Liabilities						
Interest rate swaps	\$ -	\$ 24,740	\$ -	\$ 24,740	Not applicable	Not applicable
Total liabilities	\$ -	\$ 24,740	\$ -	\$ 24,740		

The following table is a rollforward of the statements of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

<i>(in thousands of dollars)</i>	2016		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	\$ 9,345	\$ 78	\$ 9,423
Purchases	-	-	-
Sales	-	-	-
Net unrealized gains (losses)	(258)	2	(256)
Net asset transfer from affiliate	-	-	-
Balances at end of year	\$ 9,087	\$ 80	\$ 9,167

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<i>(in thousands of dollars)</i>	2015			
	Beneficial Interest in Perpetual Trust	Contribution Receivable From Charitable Remainder Trust	Guaranteed Contract	Total
Balances at beginning of year	\$ 1,909	\$ 2,118	\$ 75	\$ 4,102
Purchases	-	-	3	3
Sales	-	(2,118)	-	(2,118)
Net unrealized gains (losses)	(198)	-	-	(198)
Net asset transfer from affiliate	7,634	-	-	7,634
Balances at end of year	<u>\$ 9,345</u>	<u>\$ -</u>	<u>\$ 78</u>	<u>\$ 9,423</u>

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Healthcare services	\$ 44,561	\$ 43,822
Research	16,680	16,376
Purchase of equipment	2,826	2,483
Charity care	1,543	2,900
Health education	8,518	9,181
Other	1,603	1,695
	<u>\$ 75,731</u>	<u>\$ 76,457</u>

Permanently restricted net assets consist of the following at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Healthcare services	\$ 32,105	\$ 25,015
Research	7,767	7,689
Purchase of equipment	5,266	6,291
Charity care	2,991	5,609
Health education	5,408	8,454
Other	53	23
	<u>\$ 53,590</u>	<u>\$ 53,081</u>

Income earned on permanently restricted net assets is available for these purposes.

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9. Board Designated and Endowment Funds

Net assets include approximately 65 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Act (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Unrestricted net assets include funds designated by the Board of Trustees to function as endowments and the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Temporarily restricted net assets include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the temporary restrictions on these funds have been met, the funds are reclassified to unrestricted net assets.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2016 and 2015.

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Endowment net asset composition by type of fund consists of the following at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 25,780	\$ 45,402	\$ 71,182
Board-designated endowment funds	26,205	-	-	\$ 26,205
Total endowed net assets	\$ 26,205	\$ 25,780	\$ 45,402	\$ 97,387

<i>(in thousands of dollars)</i>	2015			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 28,296	\$ 44,491	\$ 72,787
Board-designated endowment funds	26,405	-	-	26,405
Total endowed net assets	\$ 26,405	\$ 28,296	\$ 44,491	\$ 99,192

Changes in endowment net assets for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances at beginning of year	\$ 26,405	\$ 28,296	\$ 44,491	\$ 99,192
Net investment return	(54)	(1,477)	3	\$ (1,528)
Contributions	-	271	699	\$ 970
Transfers	-	(216)	180	\$ (36)
Release of appropriated funds	(146)	(1,094)	-	\$ (1,240)
Net asset transfer from affiliates	-	-	29	\$ 29
Balances at end of year	\$ 26,205	\$ 25,780	45,402	\$ 97,387
Balances at end of year			45,402	
Beneficial interest in perpetual trust			8,188	
Permanently restricted net assets			\$ 53,590	

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<i>(in thousands of dollars)</i>	2015			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances at beginning of year	\$ 19,834	\$ 13,738	\$ 34,360	\$ 67,932
Net investment return	143	(223)	1	(79)
Contributions	-	974	254	1,228
Transfers	-	(370)	158	(212)
Release of appropriated funds	(664)	(2,425)	(46)	(3,135)
Net asset transfer from affiliates	7,092	16,602	9,764	33,458
Balances at end of year	\$ 26,405	\$ 28,296	44,491	\$ 99,192
Balances at end of year			44,491	
Beneficial interest in perpetual trust			8,590	
Permanently restricted net assets			\$ 53,081	

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10. Long-Term Debt

A summary of long-term debt at June 30, 2016 and 2015 follows:

<i>(in thousands of dollars)</i>	2016	2015
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2015A, principal maturing in varying annual amounts, through August 2031 (1)	\$ 86,710	\$ -
Series 2013, principal maturing in varying annual amounts, through August 2043 (9)*	19,230	17,868
Series 2011, principal maturing in varying annual amounts, through August 2031 (6)	-	90,005
Vermont Educational and Health Buildings Financing Agency (VEHFBA) Revenue Bonds		
Series 2010A, principal maturing in varying annual amounts, through August 2030 (11)*	7,881	8,182
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2014A, principal maturing in varying annual amounts, through August 2022 (3)	26,960	26,960
Series 2014B, principal maturing in varying annual amounts, through August 2033 (3)	14,530	14,530
Series 2012A, principal maturing in varying annual amounts, through August 2031 (4)	72,720	73,725
Series 2012B, principal maturing in varying annual amounts, through August 2031 (4)	39,900	40,455
Series 2012, principal maturing in varying annual amounts, through July 2039 (10)*	27,490	28,818
Series 2010, principal maturing in varying annual amounts, through August 2040 (7)	75,000	75,000
Series 2010, principal maturing in varying annual amounts, through August 2040 (12)	16,287	
Series 2009, principal maturing in varying annual amounts, through August 2038 (8)	63,370	68,970
*Represents nonobligated group bonds		
Other		
Revolving Line of Credit, principal maturing through March 2019 (2)	49,750	-
Series 2012, principal maturing in varying annual amounts, through July 2025 (5)	140,000	144,000
Note payable to a financial institution payable in interest free monthly installments through July 2015; collateralized by associated equipment	313	4
Note payable to a financial institution due in monthly interest only payments from October 2011 through September 2012, and monthly installments from October 2018 through 2016, including principal and interest at 3.25%; collateralized by savings account	2,952	1,915
Note payable to a financial institution payable in interest free entire principal due June 2029 collateralized by land and building	494	555
Obligations under capital leases	4,875	3,369
	<u>648,462</u>	<u>594,156</u>
Less		
Original issue discount, net	881	1,493
Current portion	18,307	17,179
	<u>\$ 629,274</u>	<u>\$ 575,484</u>

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Aggregate annual principal payments required under revenue bond agreements and capital lease obligations for the next five years and thereafter ending June 30 are as follows:

<i>(in thousands of dollars)</i>	2016
2017	\$ 18,307
2018	19,117
2019	69,159
2020	20,262
2021	20,290
Thereafter	501,327
	<u>\$ 648,462</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Bonds

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of MHMH and DHC.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive of which are the Annual Debt Service Coverage Ratio (1.10x) and the Days Cash on Hand Ratio (> 75 days).

(1) Series 2015A Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2015A in September 2015 through a private placement with a financial institution. The Series 2015A Revenue Bonds were primarily used to refinance a portion of the Series 2011 Revenue Bonds and to cover cost of issuance. The Series 2015A Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.11%

(2) Revolving Line of Credit

Through the DHOG, entered into Revolving Line of Credit TD Bank, N.A. (TD Bank). Interest on the TD Bank loan accrues variably and matures at various dates through March 2019. The variable rate as of June 30 2016 was 1.04%

(3) Series 2014A and Series 2014B Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

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(4) Series 2012A and 2012B Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2012A and Series 2012B in November 2012. The proceeds from the Series 2012A and 2012B were used to advance refund the Series 2002 Revenue Bonds and to cover cost of issuance. Interest on the 2012A Revenue Bonds is fixed with an interest rate of 2.29% and matures at various dates through 2031. Interest on the Series 2012B Revenue Bonds is fixed with an interest rate of 2.33% and matures at various dates through 2031.

(5) Series 2012 Bank Loan

Through the DHOG, issued the Bank of America, N.A. Series 2012 note, in July 2012. The proceeds from the Series 2012 note were used to prefund the D-H defined benefit pension plan. Interest on the Series 2012 note accrues at a fixed rate of 2.47% and matures at various dates through 2025.

(6) Series 2011 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2011 in August 2011. The proceeds from the Series 2011 Revenue Bonds were primarily used to advance refund the Series 2001A Revenue Bonds. The Series 2011 Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.04%. The Series 2011 Bonds are callable by the bank upon the end of seven years or may be renegotiated at that time. These bonds were paid with the proceeds of the Series 2015A Revenue Bonds.

(7) Series 2010 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2010, in June 2010. The proceeds from the Series 2010 Revenue Bonds were primarily used to construct a 140,000 square foot ambulatory care facility in Nashua, NH as well as various equipment. Interest on the bonds accrue at a fixed rate of 5.00% and mature at various dates through August 2040.

(8) Series 2009 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2009, in August 2009. The proceeds from the Series 2009 Revenue Bonds were primarily used to advance refund the Series 2008 Revenue Bonds. Interest on the Series 2009 Revenue Bonds accrue at varying fixed rates between 3.00% and 6.00% and mature at various dates through August 2038. Outstanding joint and several indebtedness of the DHOG at June 30, 2016 and 2015 approximates \$568,940,000 and \$533,645,000, respectively.

Non Obligated Group Bonds

(9) Series 2013 Revenue Bonds

Issued through the NHHEFA \$15,520,000 tax exempt Revenue Bonds (Series 2013A). The Series 2013A funds were used to refund Series 2007 Revenue Bonds. Additional borrowings were obtained (up to \$9,480,000 Revenue Bonds, Series 2013B) for the construction of a new health center building in Newport, NH. The bonds are collateralized by the gross receipts and property. The bonds mature in variable amounts through 2043, the maturity date of the bonds, but are subject to mandatory tender in ten years. Interest is payable monthly and is equal to the sum of .72 times the Adjusted LIBOR Rate plus .72 times the credit spread rate. As part of the bond refinancing, the swap arrangement was effectively terminated for federal tax purposes with respect to the Series 2007 Revenue Bonds but remains in effect.

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(10) Series 2012 Revenue Bonds

Issued through the NHHEFA \$29,650,000 of tax-exempt Revenue Bonds (Series 2012). The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds are collateralized by an interest in its gross receipts under the terms of the bond agreement. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%). Principal is payable in annual installments ranging from \$735,000 to \$1,750,000 through July 2039.

(11) Series 2010A Revenue Bonds

Issued through the VEHBFA \$9,244,000 of Revenue Bonds (Series 2010A). The funds were used to refund 2004 and 2005 Series A Bonds. The bonds are collateralized by gross receipts. The bonds shall bear interest at the one-month LIBOR rate plus 3.50%, multiplied by 6% adjusting monthly. The interest rate at June 30, 2016 was 2.48%. The bonds were purchased by TD Bank on March 1, 2010. Principal payments began on April 1, 2010 for a period of 20 years ranging in amounts from \$228,000 in 2014 to \$207,000 in 2030.

(12) Series 2010 Revenue Bonds

Issued through the Business Finance Authority (BFA) of the State of NH. Interest is based on an annual percentage rate equal to the sum of (a) 69% of the 1-Month LIBOR rate plus (b) 1.8975//5. APD may prepay certain of these bonds according to the terms of the loan and trust agreement. The bonds are redeemable at any time by APD at par value plus any accrued interest. The bonds are also subject to optional tender for purchase (as a whole) in November 2020 at par plus accrued interest.

The estimated fair value of the Health Systems total long-term debt as of June 30, 2016 and 2015 was approximately \$620,217,000 and \$606,772,000, respectively, which was determined by discounting the future cash flows of each instrument at rates that reflect rates currently observed in publicly traded debt markets for debt of similar terms to organizations with comparable credit risk. The inputs to the assumptions used to determine the estimated fair value are based on observable inputs and are classified as Level 2. For variable rate debt, the carrying value is equal to the fair value.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$1,950,000 and \$1,778,000 at June 30, 2016 and 2015, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets.

For the years ended June 30, 2016 and 2015 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately 19,301,000 and \$18,442,000 and is included in other nonoperating losses of \$3,201,000 and \$3,449,000, respectively.

Swap Agreements

The Health System is subject to market risks such as changes in interest rates that arise from normal business operation. The Health System regularly assesses these risks and has established business strategies to provide natural offsets, supplemented by the use of derivative financial instruments to protect against the adverse effect of these and other market risks. The Health System has established clear policies, procedures, and internal controls governing the use of derivatives and does not use them for trading, investment, or other speculative purposes.

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A summary of the Health System's derivative financial instruments is as follows:

- A Fixed Payor Swap designed as a cash flow hedge of the NHHEFA Series 2011 Revenue Bonds. The Swap had an initial notional amount of \$91,040,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 4.56% in exchange for the counterparty's payment of 67% of USD-LIBOR-BBA. The Swap's term matches that of the associated bonds.
- An Interest Rate Swap to hedge the interest rate risk associated with the NHHEFA Series 2013 Revenue Bonds. The Swap had an initial notional amount of \$15,000,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 3.94% in exchange for the counterparty's payment at 67% of USD-LIBOR-BBA. The Swap term matches that of the associated bonds.
- An Interest Rate Swap to hedge the interest rate risk associated with the VEHFBA Series 2010A Revenue Bonds. The Swap had an initial notional amount of \$7,244,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 2.41% in exchange for the counterparty's payment of 69% of USD-LIBOR-BBA. The Swap is outstanding until 2017, while the bonds will remain outstanding until 2030.

The obligation of the Health System to make payments on its bonds with respect to interest is in no way conditional upon the Health System's receipt of payments from the interest rate swap agreement counterparty.

At June 30, 2016 and 2015 the fair value of the Health System's interest rate swaps was a liability of \$28,917,000 and \$24,740,000, respectively. The change in fair value during the years ended June 30, 2016 and 2015 was a decrease of \$4,177,000 and \$327,000, respectively. For the years ended June 30, 2016 and 2015 the Health System recognized a nonoperating gain of \$1,696,000 and 1,035,000 resulting from hedge ineffectiveness and amortization of frozen swaps.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain affiliates provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen or have been approved by the applicable Board of Trustees to be frozen by December 31, 2017. Effective with that date, the last of the participants earning benefits in any of the Health System's defined benefit plans will no longer earn benefits under the plans.

The Health System continued to execute the settlement of obligations due to retirees in the deferred benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

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Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Service cost for benefits earned during the year	\$ 11,084	\$ 12,257
Interest cost on projected benefit obligation	48,036	42,276
Expected return on plan assets	(63,479)	(60,458)
Net prior service cost	848	380
Net loss amortization	26,098	21,133
Special/contractual termination benefits	300	56
	<u>\$ 22,887</u>	<u>\$ 15,644</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.30 % - 4.90%	4.40 % - 4.90 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50 %
Expected long-term rate of return on plan assets	7.50 % - 7.75 %	7.50 % - 7.75 %

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The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 988,143	\$ 877,082
Additional benefit obligation resulting from new affiliations	-	95,314
Total benefit obligation at beginning of year	<u>988,143</u>	<u>972,396</u>
Service cost	11,084	12,257
Interest cost	48,108	42,276
Benefits paid	(39,001)	(34,803)
Expenses paid	(180)	(139)
Actuarial (gain) loss	99,040	41,079
Settlements	(13,520)	(44,979)
Plan change	2,645	-
Special/contractual termination benefits	300	56
Benefit obligation at end of year	<u>1,096,619</u>	<u>988,143</u>
Change in plan assets		
Fair value of plan assets at beginning of year	845,052	783,890
Additional plan assets at fair value resulting from new affiliations	-	77,608
Total fair value of plan assets at beginning of year	<u>845,052</u>	<u>861,498</u>
Actual return on plan assets	81,210	25,473
Benefits paid	(42,494)	(34,803)
Expenses paid	(180)	(139)
Employer contributions	2,252	38,002
Settlements	(13,520)	(44,979)
Fair value of plan assets at end of year	<u>872,320</u>	<u>845,052</u>
Funded status of the plans	(224,299)	(143,091)
Current portion of liability for pension	(46)	(46)
Long term portion of liability for pension	<u>(224,253)</u>	<u>(143,045)</u>
Liability for pension	<u>\$ (224,299)</u>	<u>\$ (143,091)</u>

For the years ended June 30, 2016 and 2015 the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

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Amounts not yet reflected in net periodic pension expense and included in the change in unrestricted net assets as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Net actuarial loss	\$ 423,640	\$ 368,959
Prior service cost	228	608
	<u>\$ 423,868</u>	<u>\$ 369,567</u>

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension expense in 2017 are as follows:

<i>(in thousands of dollars)</i>	
Unrecognized prior service cost	\$ 182
Net actuarial loss	30,515
	<u>\$ 30,697</u>

The accumulated benefit obligation for the defined benefit pension plans was approximately \$1,082,818,000 and \$971,193,000 at June 30, 2016 and 2017, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.20 % - 4.30 %	4.90 % - 5.00 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50
Expected long-term rate of return on plan assets	7.50 % - 7.75 %	7.50 % - 7.75 %

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2016 and 2015, it is expected that the LDI strategy will hedge approximately 65% and 65%, respectively, of the interest rate risk associated with pension liabilities. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

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The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0-5%	2%
U.S. government securities	0-5	1
Domestic debt securities	20-58	42
Global debt securities	6-26	10
Domestic equities	5-35	18
International equities	5-15	10
Emerging market equities	3-13	5
REIT funds	0-5	0
Private equity funds	0-5	0
Hedge funds	5-18	12

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or 3, even though the underlying securities may not be difficult to value or may be readily marketable.

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The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 5,463	\$ 10,879	\$ -	\$ 16,342	Daily	1
U.S. government securities	4,177	-	-	4,177	Daily-Monthly	1-15
Domestic debt securities	95,130	296,362	-	391,492	Daily-Monthly	1-15
Global debt securities	409	88,589	-	88,998	Daily-Monthly	1-15
Domestic equities	148,998	15,896	-	164,894	Daily-Monthly	1-10
International equities	12,849	77,299	-	90,148	Daily-Monthly	1-11
Emerging market equities	352	37,848	-	38,200	Daily-Monthly	1-17
REIT funds	356	1,465	-	1,821	Daily-Monthly	1-17
Private equity funds	-	-	255	255	See Note 7	See Note 7
Hedge funds	-	37,005	38,988	75,993	Quarterly-Annual	60-96
Total investments	\$ 267,734	\$ 565,343	\$ 39,243	\$ 872,320		

<i>(in thousands of dollars)</i>	2015				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 8,235	\$ 32,876	\$ -	\$ 41,111	Daily	1
U.S. government securities	4,193	-	-	4,193	Daily-Monthly	1-15
Domestic debt securities	85,948	246,352	-	332,300	Daily-Monthly	1-15
Global debt securities	36,532	45,119	-	81,651	Daily-Monthly	1-15
Domestic equities	152,458	16,532	-	168,990	Daily-Monthly	1-10
International equities	15,284	79,659	-	94,943	Daily-Monthly	1-11
Emerging market equities	376	38,237	-	38,613	Daily-Monthly	1-17
REIT funds	-	1,628	-	1,628	Daily-Monthly	1-17
Private equity funds	-	-	437	437	See Note 7	See Note 7
Hedge funds	-	39,110	42,076	81,186	Quarterly-Annual	60-96
Total investments	\$ 303,026	\$ 499,513	\$ 42,513	\$ 845,052		

The following table presents additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 42,076	\$ 437	\$ 42,513
Transfers	-	-	-
Purchases	-	-	-
Sales	(468)	(142)	(610)
Net realized (losses) gains	(55)	155	100
Net unrealized gains	(2,565)	(195)	(2,760)
Balances at end of year	\$ 38,988	\$ 255	\$ 39,243

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<i>(in thousands of dollars)</i>	2015		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 28,466	\$ 3,944	\$ 32,410
Additions resulting from new affiliations	14,362	-	14,362
Sales	(2,391)	(3,168)	(5,559)
Net realized (losses) gains	(246)	258	12
Net unrealized gains	1,885	(597)	1,288
Balances at end of year	\$ 42,076	\$ 437	\$ 42,513

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2016 and 2015 were approximately \$8,808,000 and \$5,234,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2016 and 2015.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

The weighted average asset allocation for the Health System's Plans at June 30, 2016 and 2015 by asset category is as follows:

	2016	2015
Cash and short-term investments	2 %	5 %
U.S. government securities	1	-
Domestic debt securities	45	39
Global debt securities	10	10
Domestic equities	19	20
International equities	10	11
Emerging market equities	4	5
Hedge funds	9	10
	<u>100 %</u>	<u>100 %</u>

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.75% per annum.

The Health System is expected to contribute approximately \$47,000,000 to the Plans in 2017 however actual contributions may vary from expected amounts.

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The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2017 and thereafter:

<i>(in thousands of dollars)</i>	Pension Plans
2017	\$ 42,067
2018	44,485
2019	47,235
2020	50,490
2021	53,778
2022 – 2026	310,773

Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its affiliates, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$29,416,000 and \$30,204,000 in 2016 and 2015, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

The Health System also has available to employees of certain affiliates various 403(b) and tax-sheltered annuity plans in which they can participate. Plan specifications vary by affiliate and plan. No employer contributions were made to any of these plans in 2016 and 2015, respectively.

Postretirement Medical and Life Benefits

The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Service cost	\$ 544	\$ 527
Interest cost	2,295	2,347
Amortization net prior service income	(5,974)	-
Amortization net loss	610	-
	<u>\$ (2,525)</u>	<u>\$ 2,874</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2016 and 2015

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 50,438	\$ 51,006
Additional benefit obligation resulting from new affiliations	-	471
	<u>50,438</u>	<u>51,477</u>
Service cost	544	527
Interest cost	2,295	2,347
Benefits paid	(3,277)	(5,236)
Actuarial loss	1,404	1,323
Employer contributions	<u>(34)</u>	<u>-</u>
Benefit obligation at end of year	<u>51,370</u>	<u>50,438</u>
Funded status of the plans	<u>(51,370)</u>	<u>(50,438)</u>
Current portion of liability for postretirement medical and life benefits	<u>(3,130)</u>	<u>(3,203)</u>
Long term portion of liability for postretirement medical and life benefits	<u>(48,240)</u>	<u>(47,235)</u>
Liability for postretirement medical and life benefits	<u>\$ (51,370)</u>	<u>\$ (50,438)</u>

During the year ended June 30, 2015 the plan amendments were primarily related to the Board's decision to offer retiree health care benefits to certain affiliates post-65 retirees and covered post-65 dependents through a private Medicare exchange beginning in April 2015.

For the years ended June 30, 2016 and 2015 the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in unrestricted net assets are as follows:

<i>(in thousands of dollars)</i>	2016	2015
Net prior service income	\$ (27,478)	\$ (33,452)
Net actuarial loss	<u>11,080</u>	<u>10,260</u>
	<u>\$ (16,398)</u>	<u>\$ (23,192)</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2016 and 2015

The estimated amounts that will be amortized from unrestricted net assets into net periodic postretirement income in 2016 and 2015 are as follows:

<i>(in thousands of dollars)</i>	2016	2015
Net prior service income	\$ (5,974)	\$ (5,974)
Net loss	<u>689</u>	<u>610</u>
	<u>\$ (5,285)</u>	<u>\$ (5,364)</u>

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 4.10% in 2016 and an assumed healthcare cost trend rate of 7.25%, trending down to 4.75% in 2021 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by \$4,685,000 and \$4,479,000 and the net periodic postretirement medical benefit cost for the years then ended by \$284,000 and \$275,000, respectively. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by \$3,884,000 and \$3,790,000 and the net periodic postretirement medical benefit cost for the years then ended by \$234,000 and \$233,000, respectively.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College and Cheshire are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

APD, NLH and MAHHC are covered for malpractice claims under a modified claims-made policy purchased through NEAH. While APD, NLH and MAHHC remain in the current insurance program under this policy, the coverage year is based on the date the claim is filed; subject to a medical incident arising after the retroactive date (includes prior acts). The policy provides modified claims-made coverage for former insured providers for claims that relate to the employee's period of employment at APD, NLH or MAHHC and for services that were provided within the scope of the employee's duties. Therefore, when the employee leaves the corporation, tail coverage is not required.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2016 and 2015

Selected financial data of HAC and RRG, taken from the latest available audited and unaudited financial statements, respectively at June 30, 2016 and 2015 are summarized as follows:

<i>(in thousands of dollars)</i>	2016		
	HAC <i>(audited)</i>	RRG <i>(unaudited)</i>	Total
Assets	\$ 86,101	\$ 2,237	\$ 88,338
Shareholders' equity	13,620	806	14,426
Net income	-	50	50

<i>(in thousands of dollars)</i>	2015		
	HAC <i>(audited)</i>	RRG <i>(unaudited)</i>	Total
Assets	\$ 100,418	\$ 2,289	\$ 102,707
Shareholders' equity	13,620	755	14,375
Net income	-	186	186

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Operating Leases and Other Commitments

The Health System leases certain facilities and equipment under operating leases with varying expiration dates. The Health System's rental expense totaled approximately \$10,571,000 and \$10,215,000 for the years ended June 30, 2016 and 2015, respectively. Minimum future lease payments under noncancelable operating leases at June 30, 2016 were as follows:

<i>(in thousands of dollars)</i>	
2017	\$ 8,441
2018	6,210
2019	4,062
2020	2,663
2021	2,009
Thereafter	274
	<u>\$ 23,659</u>

Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from \$2,000,000 up to \$85,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire ranging from December 31, 2015 through July 31, 2016. The Health System has outstanding balances under the lines of credits in the amount of \$36,550,000 and \$1,200,000 at

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2016 and 2015

June 30, 2016 and 2015, respectively. Interest expense was approximately \$551,000 and \$193,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses of the Health System by function are as follows for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Program services	\$ 1,553,377	\$ 1,335,316
Management and general	271,409	225,983
Fundraising	5,901	8,037
	<u>\$ 1,830,687</u>	<u>\$ 1,569,336</u>

15. Subsequent Events

The Health System has assessed the impact of subsequent events through November 26, 2016, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

The Visiting Nurse and Hospice for VT and NH (VNH) became an affiliate of D-HH effective July 1, 2016. The affiliation is designed to improve healthcare for the communities served by VNH and D-H by facilitating collaboration, innovation and cost efficiencies between D-H and VNH. The VNH is a non-profit organization that has provided home health and hospice care services in VT and NH since 1907. The agency is dedicated to delivering outstanding home and community based health and hospice services that enrich the lives of the people they serve. The VNH makes home visits to people of all ages and all states of life regardless of the ability to pay.

Effective October 1, 2016, NLH and MAHHC will be provided professional and general liability insurance through the Hamden Assurance Risk Retention Group, Inc. (RRG) under a modified claims made policy. NLH and MAHHC will join RRG along with existing insureds D-H, Cheshire Medical Center and Dartmouth College.

During the year ended June 30, 2016, Dartmouth College restructured a number of activities at the Geisel School of Medicine (Geisel) to address increasing financial constraints, to improve Geisel's education and research programs, and to align resources and support for these activities. These changes included migration of the operations and fiscal responsibility for clinical academic activities from Dartmouth College to D-H, which included responsibility for the employment, finances, and operational support for clinical research programs. D-H agreed to assume responsibility for the clinical practice of psychiatry and employment of approximately 250 staff (which are either part of the psychiatry practice or clinical research) effective July 1, 2016.

Effective July 1, 2016, NLH, MAHHC and Cheshire were admitted to the Dartmouth-Hitchcock Obligated Group. In connection with the admission of these three members, the Dartmouth-Hitchcock Obligated Group assumed new debt in the amount of \$28,039,000 from Cheshire. In addition, \$24,605,000 of NLH debt was refinanced in combination with new debt in the amount \$10,970,000 to fund the new Williamson Building.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2016

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Assets								
Current assets								
Cash and cash equivalents	\$ 607	\$ 2,066	\$ 16,640	\$ 6,699	\$ 5,388	\$ 9,192	\$ -	\$ 40,592
Patient accounts receivable, net	-	220,173	17,836	7,377	5,347	10,255	-	260,988
Prepaid expenses and other current assets	7,463	95,738	5,458	3,209	2,022	4,863	(22,933)	95,820
Total current assets	8,070	317,977	39,934	17,285	12,757	24,310	(22,933)	397,400
Assets limited as to use	-	551,724	17,525	10,345	8,260	4,614	-	592,468
Other investments for restricted activities	217	114,719	18,486	2,843	5,742	29	-	142,036
Property, plant, and equipment, net	76	457,570	75,591	43,204	19,659	16,464	-	612,564
Other assets	17,950	68,921	9,794	5,409	3,943	111	(14,929)	91,199
Total assets	\$ 26,313	\$ 1,510,911	\$ 161,330	\$ 79,086	\$ 50,361	\$ 45,528	\$ (37,862)	\$ 1,835,667
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt	\$ -	\$ 15,638	\$ 755	\$ 941	\$ 466	\$ 507	\$ -	\$ 18,307
Line of credit	-	35,000	-	-	1,550	-	-	36,550
Current portion of liability for pension and other postretirement plan benefits	-	3,176	-	-	-	-	-	3,176
Accounts payable and accrued expenses	9,857	88,557	15,866	6,791	4,589	4,817	(22,933)	107,544
Accrued compensation and related benefits	-	86,997	7,728	2,052	3,128	3,649	-	103,554
Estimated third-party settlements	-	21,434	1,569	5,206	917	1,424	-	30,550
Total current liabilities	9,857	250,802	25,918	14,990	10,650	10,397	(22,933)	299,681
Long-term debt, excluding current portion	-	553,229	27,283	21,148	11,159	16,455	-	629,274
Insurance deposits and related liabilities	-	56,887	-	-	-	-	-	56,887
Interest rate swaps	-	24,148	-	4,646	123	-	-	28,917
Liability for pension and other postretirement plan benefits, excluding current portion	-	246,816	18,662	-	7,015	-	-	272,493
Other liabilities	-	54,218	3,522	1,135	-	36	-	58,911
Total liabilities	9,857	1,188,100	75,385	41,919	28,947	28,888	(22,933)	1,346,163
Commitments and contingencies								
Net assets								
Unrestricted	16,456	234,609	58,978	32,706	14,099	18,264	(14,929)	360,183
Temporarily restricted	-	57,091	16,454	345	1,496	345	-	75,731
Permanently restricted	-	33,111	10,513	4,116	5,619	31	-	53,590
Total net assets	16,456	324,811	85,945	37,167	21,414	18,640	(14,929)	489,504
Total liabilities and net assets	\$ 26,313	\$ 1,510,911	\$ 161,330	\$ 79,086	\$ 50,361	\$ 45,528	\$ (37,862)	\$ 1,835,667

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2016

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	\$ 1,535	\$ 176	\$ 355	\$ -	\$ 2,066
Patient accounts receivable, net	220,173	-	-	-	220,173
Prepaid expenses and other current assets	95,158	487	93	-	95,738
Total current assets	<u>316,866</u>	<u>663</u>	<u>448</u>	<u>-</u>	<u>317,977</u>
Assets limited as to use	551,724	-	-	-	551,724
Other investments for restricted activities	91,879	22,840	-	-	114,719
Property, plant, and equipment, net	454,894	1	2,675	-	457,570
Other assets	68,752	4	165	-	68,921
Total assets	<u>\$ 1,484,115</u>	<u>\$ 23,508</u>	<u>\$ 3,288</u>	<u>\$ -</u>	<u>\$ 1,510,911</u>
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	\$ 15,638	\$ -	\$ -	\$ -	\$ 15,638
Line of Credit	35,000	-	-	-	35,000
Current portion of liability for pension and other postretirement plan benefits	3,176	-	-	-	3,176
Accounts payable and accrued expenses	87,373	1,181	3	-	88,557
Accrued compensation and related benefits	86,997	-	-	-	86,997
Estimated third-party settlements	21,434	-	-	-	21,434
Total current liabilities	<u>249,618</u>	<u>1,181</u>	<u>3</u>	<u>-</u>	<u>250,802</u>
Long-term debt, excluding current portion	553,229	-	-	-	553,229
Insurance deposits and related liabilities	56,887	-	-	-	56,887
Interest rate swaps	24,148	-	-	-	24,148
Liability for pension and other postretirement plan benefits, excluding current portion	246,816	-	-	-	246,816
Other liabilities	54,218	-	-	-	54,218
Total liabilities	<u>1,184,916</u>	<u>1,181</u>	<u>3</u>	<u>-</u>	<u>1,186,100</u>
Commitments and contingencies					
Net assets					
Unrestricted	217,033	14,456	3,120	-	234,609
Temporarily restricted	51,173	5,753	165	-	57,091
Permanently restricted	30,993	2,118	-	-	33,111
Total net assets	<u>299,199</u>	<u>22,327</u>	<u>3,285</u>	<u>-</u>	<u>324,811</u>
Total liabilities and net assets	<u>\$ 1,484,115</u>	<u>\$ 23,508</u>	<u>\$ 3,288</u>	<u>\$ -</u>	<u>\$ 1,510,911</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2015

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Assets							
Current assets							
Cash and cash equivalents	\$ 388	\$ 9,279	\$ 16,525	\$ 7,612	\$ 5,105	\$ -	\$ 38,909
Patient accounts receivable, net	-	177,287	14,053	7,388	5,544	-	204,272
Prepaid expenses and other current assets	11,574	102,954	7,921	3,632	2,616	(28,111)	100,586
Total current assets	11,962	289,520	38,499	18,632	13,265	(28,111)	343,767
Assets limited as to use	-	570,057	23,302	13,412	13,654	-	620,425
Other investments for restricted activities	-	113,117	18,899	-	-	-	132,016
Property, plant, and equipment, net	618	461,044	82,793	37,597	19,303	-	601,355
Other assets	4,263	66,837	10,130	5,451	3,903	(2,134)	88,450
Total assets	\$ 16,843	\$ 1,500,575	\$ 173,623	\$ 75,092	\$ 50,125	\$ (30,245)	\$ 1,786,013
Liabilities and Net Assets							
Current liabilities							
Current portion of long-term debt	\$ -	\$ 15,196	\$ 952	\$ 661	\$ 370	\$ -	\$ 17,179
Line of credit	-	-	-	-	1,200	-	1,200
Current portion of liability for pension and other postretirement plan benefits	-	3,249	-	-	-	-	3,249
Accounts payable and accrued expenses	15,708	104,697	20,024	3,843	4,059	(28,110)	120,221
Accrued compensation and related benefits	-	85,064	4,936	2,373	2,491	-	94,864
Estimated third-party settlements	-	26,961	-	6,755	2,883	-	36,599
Total current liabilities	15,708	235,167	25,912	13,632	11,003	(28,110)	273,312
Long-term debt, excluding current portion	-	518,799	28,083	18,020	10,582	-	575,484
Insurance deposits and related liabilities	-	62,356	-	-	-	-	62,356
Interest rate swaps	-	20,937	-	3,531	272	-	24,740
Liability for pension and other postretirement plan benefits, excluding current portion	-	175,948	8,374	-	5,958	-	190,280
Other liabilities	-	51,303	3,671	1,135	-	-	56,109
Total liabilities	15,708	1,064,510	66,040	36,318	27,815	(28,110)	1,182,281
Commitments and contingencies							
Net assets							
Unrestricted	1,135	346,900	79,700	34,227	14,367	(2,135)	474,194
Temporarily restricted	-	56,751	17,330	326	2,050	-	76,457
Permanently restricted	-	32,414	10,553	4,221	5,893	-	53,081
Total net assets	1,135	436,065	107,583	38,774	22,310	(2,135)	603,732
Total liabilities and net assets	\$ 16,843	\$ 1,500,575	\$ 173,623	\$ 75,092	\$ 50,125	\$ (30,245)	\$ 1,786,013

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2015

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	\$ 8,252	\$ 182	\$ 845	\$ -	\$ 9,279
Patient accounts receivable, net	177,287	-	-	-	177,287
Prepaid expenses and other current assets	102,425	338	438	(247)	102,954
Total current assets	287,964	520	1,283	(247)	289,520
Assets limited as to use	570,057	-	-	-	570,057
Other investments for restricted activities	89,176	23,941	-	-	113,117
Property, plant, and equipment, net	458,368	1	2,675	-	461,044
Other assets	66,675	3	159	-	66,837
Total assets	<u>\$ 1,472,240</u>	<u>\$ 24,465</u>	<u>\$ 4,117</u>	<u>\$ (247)</u>	<u>\$ 1,500,575</u>
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	\$ 15,196	\$ -	\$ -	\$ -	\$ 15,196
Current portion of liability for pension and other postretirement plan benefits	3,249	-	-	-	3,249
Accounts payable and accrued expenses	102,666	1,536	742	(247)	104,697
Accrued compensation and related benefits	85,064	-	-	-	85,064
Estimated third-party settlements	26,961	-	-	-	26,961
Total current liabilities	233,136	1,536	742	(247)	235,167
Long-term debt, excluding current portion	518,799	-	-	-	518,799
Insurance deposits and related liabilities	62,356	-	-	-	62,356
Interest rate swaps	20,937	-	-	-	20,937
Liability for pension and other postretirement plan benefits, excluding current portion	175,948	-	-	-	175,948
Other liabilities	51,303	-	-	-	51,303
Total liabilities	<u>1,062,479</u>	<u>1,536</u>	<u>742</u>	<u>(247)</u>	<u>1,064,510</u>
Commitments and contingencies					
Net assets					
Unrestricted	329,168	14,517	3,215	-	346,900
Temporarily restricted	50,297	6,294	160	-	56,751
Permanently restricted	30,296	2,118	-	-	32,414
Total net assets	409,761	22,929	3,375	-	436,065
Total liabilities and net assets	<u>\$ 1,472,240</u>	<u>\$ 24,465</u>	<u>\$ 4,117</u>	<u>\$ (247)</u>	<u>\$ 1,500,575</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2016

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Unrestricted revenue and other support								
Net patient service revenue	\$ -	\$ 1,346,605	\$ 161,787	\$ 59,789	\$ 46,431	\$ 20,103	\$ (561)	\$ 1,634,154
Contracted revenue	1,696	64,286	-	-	-	-	-	65,982
Other operating revenue	3,300	71,475	3,187	3,509	4,555	870	(4,544)	82,352
Net assets released from restrictions	-	8,713	322	65	119	-	-	9,219
Total unrestricted revenue and other support	4,996	1,491,079	165,296	63,363	51,105	20,973	(5,105)	1,791,707
Operating expenses								
Salaries	730	732,393	60,406	29,873	24,019	10,408	14,636	872,465
Employee benefits	219	197,165	19,276	6,824	6,260	2,130	2,533	234,407
Medical supplies and medications	-	236,918	59,121	6,597	4,246	2,932	-	309,814
Purchased services and other	22,506	211,611	14,020	12,876	11,955	4,377	(22,204)	255,141
Medicaid enhancement tax	-	46,078	7,132	2,808	1,707	840	-	58,565
Depreciation and amortization	15	62,348	11,069	4,674	2,345	543	-	80,994
Interest	-	16,821	1,046	823	467	144	-	19,301
Total operating expenses	23,470	1,503,334	172,070	64,475	50,999	21,374	(5,035)	1,830,687
Operating (loss) margin	(18,474)	(12,255)	(6,774)	(1,112)	106	(401)	(70)	(38,980)
Nonoperating gains (losses)								
Investment (losses) gains	(1,027)	(18,848)	(1,075)	627	(15)	235	-	(20,103)
Other, net	(529)	(3,647)	-	57	205	-	69	(3,845)
Contribution revenue from acquisition	18,083	-	-	-	-	-	-	18,083
Total nonoperating gains (losses), net	16,527	(22,495)	(1,075)	684	190	235	69	(5,865)
(Deficiency) excess of revenue over expenses	(1,947)	(34,750)	(7,849)	(428)	296	(166)	(1)	(44,845)
Unrestricted net assets								
Net assets released from restrictions (Note B)	-	2,185	107	23	586	347	-	3,248
Change in funded status of pension and other postretirement benefits	-	(52,262)	(12,982)	-	(1,297)	-	-	(66,541)
Net assets transferred to (from) affiliates	4,475	(22,558)	-	-	-	18,083	-	-
Additional paid in capital	12,793	-	-	-	-	-	(12,793)	-
Change in fair value on interest rate swaps	-	(4,907)	-	(1,115)	149	-	-	(5,873)
Increase (decrease) in unrestricted net assets	\$ 15,321	\$ (112,292)	\$ (20,724)	\$ (1,520)	\$ (266)	\$ 18,264	\$ (12,794)	\$ (114,011)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2016

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,346,605	\$ -	\$ -	\$ -	\$ 1,346,605
Contracted revenue	63,188	1,578	-	(480)	64,286
Other operating revenue	69,902	1,957	550	(934)	71,475
Net assets released from restrictions	7,928	785	-	-	8,713
Total unrestricted revenue and other support	<u>1,487,623</u>	<u>4,320</u>	<u>550</u>	<u>(1,414)</u>	<u>1,491,079</u>
Operating expenses					
Salaries	731,721	-	-	672	732,393
Employee benefits	197,050	-	-	115	197,165
Medical supplies and medications	236,918	-	-	-	236,918
Purchased services and other	208,763	4,261	646	(2,059)	211,611
Medicaid enhancement tax	46,078	-	-	-	46,078
Depreciation and amortization	62,348	-	-	-	62,348
Interest	16,821	-	-	-	16,821
Total operating expenses	<u>1,499,699</u>	<u>4,261</u>	<u>646</u>	<u>(1,272)</u>	<u>1,503,334</u>
Operating (loss) margin	<u>(12,076)</u>	<u>59</u>	<u>(96)</u>	<u>(142)</u>	<u>(12,255)</u>
Nonoperating gains (losses)					
Investment losses	(18,537)	(311)	-	-	(18,848)
Other, net	(3,789)	-	-	142	(3,647)
Total nonoperating (losses) gains, net	<u>(22,326)</u>	<u>(311)</u>	<u>-</u>	<u>142</u>	<u>(22,495)</u>
Deficiency of revenue over expenses	<u>(34,402)</u>	<u>(252)</u>	<u>(96)</u>	<u>-</u>	<u>(34,750)</u>
Unrestricted net assets					
Net assets released from restrictions (Note 8)	1,994	191	-	-	2,185
Change in funded status of pension and other postretirement benefits	(52,262)	-	-	-	(52,262)
Net assets transferred from affiliates	(22,558)	-	-	-	(22,558)
Change in fair value on interest rate swaps	(4,907)	-	-	-	(4,907)
Decrease in unrestricted net assets	<u>\$ (112,135)</u>	<u>\$ (61)</u>	<u>\$ (96)</u>	<u>\$ -</u>	<u>\$ (112,292)</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2015

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	NLH and Subsidiaries	Cheshire and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Unrestricted revenue and other support							
Net patient service revenue	\$ -	\$ 1,225,872	\$ 56,356	\$ 52,536	\$ 46,102	\$ (307)	\$ 1,380,559
Contracted revenue	-	82,091	-	-	-	(1,256)	80,835
Other operating revenue	12,203	69,663	3,063	1,076	3,526	(6,538)	82,993
Net assets released from restrictions	-	15,314	111	212	-	-	15,637
Total unrestricted revenue and other support	<u>12,203</u>	<u>1,392,940</u>	<u>59,530</u>	<u>53,824</u>	<u>49,628</u>	<u>(8,101)</u>	<u>1,560,024</u>
Operating expenses							
Salaries	960	696,358	27,562	20,949	24,076	8,482	778,387
Employee benefits	263	195,271	5,764	5,724	6,112	1,493	214,627
Medical supplies and medications	139	201,451	5,910	8,712	3,736	19	219,967
Purchased services and other	17,448	180,706	13,317	13,747	11,888	(18,402)	218,704
Medicaid enhancement tax	-	45,839	1,941	2,363	1,853	-	51,996
Depreciation and amortization	75	56,649	4,075	3,436	2,978	-	67,213
Interest	-	16,781	849	357	455	-	18,442
Total operating expenses	<u>18,885</u>	<u>1,393,055</u>	<u>59,418</u>	<u>55,288</u>	<u>51,098</u>	<u>(8,408)</u>	<u>1,569,336</u>
Operating (loss) margin	<u>(6,682)</u>	<u>(115)</u>	<u>112</u>	<u>(1,464)</u>	<u>(1,470)</u>	<u>307</u>	<u>(9,312)</u>
Nonoperating gains (losses)							
Investment (losses) gains	-	(12,011)	625	311	60	-	(11,015)
Other, net	339	(2,880)	1,409	141	57	(307)	(1,241)
Contribution revenue from acquisition	92,499	-	-	-	-	-	92,499
Total nonoperating gains (losses), net	<u>92,838</u>	<u>(14,891)</u>	<u>2,034</u>	<u>452</u>	<u>117</u>	<u>(307)</u>	<u>80,243</u>
Excess (deficiency) of revenue over expenses	86,156	(15,006)	2,146	(1,012)	(1,353)	-	70,931
Unrestricted net assets							
Net assets released from restrictions (Note 8)	-	717	5	1,010	679	-	2,411
Change in funded status of pension and other postretirement benefits	-	(62,977)	-	2,875	(790)	-	(60,892)
Net assets transferred (from) to affiliates	(84,626)	(7,873)	-	76,827	15,672	-	-
Additional paid in capital	600	-	-	-	-	(600)	-
Change in fair value on interest rate swaps	-	(869)	(221)	-	159	-	(931)
Increase (decrease) in unrestricted net assets	<u>\$ 2,130</u>	<u>\$ (86,008)</u>	<u>\$ 1,930</u>	<u>\$ 79,700</u>	<u>\$ 14,367</u>	<u>\$ (600)</u>	<u>\$ 11,519</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2015

(in thousands of dollars)

	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,225,874	\$ -	\$ -	\$ (2)	\$ 1,225,872
Contracted revenue	81,474	847	-	(230)	82,091
Other operating revenue	64,928	2,356	6,482	(4,103)	69,663
Net assets released from restrictions	14,610	704	-	-	15,314
Total unrestricted revenue and other support	1,386,886	3,907	6,482	(4,335)	1,392,940
Operating expenses					
Salaries	695,392	-	-	966	696,358
Employee benefits	195,119	-	-	152	195,271
Medical supplies and medications	201,458	-	-	(7)	201,451
Purchased services and other	172,061	4,079	6,484	(1,918)	180,706
Medicaid enhancement tax	45,839	-	-	-	45,839
Depreciation and amortization	56,649	-	-	-	56,649
Interest	16,781	-	-	-	16,781
Total operating expenses	1,383,299	4,079	6,484	(807)	1,393,055
Operating margin (loss)	3,587	(172)	(2)	(3,528)	(115)
Nonoperating gains (losses)					
Investment (losses) gains	(12,079)	68	-	-	(12,011)
Other, net	(6,408)	-	-	3,528	(2,880)
Total nonoperating (losses) gains, net	(18,487)	68	-	3,528	(14,891)
Deficiency of revenue over expenses	(14,900)	(104)	(2)	-	(15,006)
Unrestricted net assets					
Net assets released from restrictions (Note 8)	454	263	-	-	717
Change in funded status of pension and other postretirement benefits	(62,977)	-	-	-	(62,977)
Net assets transferred from affiliates	(7,873)	-	-	-	(7,873)
Change in fair value on interest rate swaps	(869)	-	-	-	(869)
(Decrease) increase in unrestricted net assets	\$ (86,165)	\$ 159	\$ (2)	\$ -	\$ (86,008)

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Supplemental Consolidating Information
June 30, 2016 and 2015

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in unrestricted net assets of D-HH and subsidiaries. All intercompany accounts and transactions between the D-HH and subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

**DARTMOUTH-HITCHCOCK (D-H)
DARTMOUTH-HITCHCOCK HEALTH (D-HH)**

BOARDS OF TRUSTEES & BOARD OFFICERS | Effective: January 2018

<p>Jeffrey A. Cohen, MD MHMH/DHC Trustee <i>Chair, Dept. of Neurology</i></p>	<p>Robert A. Oden, Jr., PhD MHMH/DHC/D-HH Boards' Vice Chair <i>Retired President, Carleton College</i></p>
<p>Duane A. Compton, PhD MHMH/DHC/D-HH Trustee <i>Ex-Officio: Dean, Geisel School of Medicine at Dartmouth</i></p>	<p>Steven A. Paris, MD D-HH Trustee <i>Regional Medical Director, Community Group Practices (CGPs)</i></p>
<p>William J. Conaty MHMH/DHC/D-HH Trustee <i>President, Conaty Consulting, LLC</i></p>	<p>Charles G. Plimpton, MBA MHMH/DHC/D-HH Boards' Treasurer <i>Retired Investment Banker</i></p>
<p>Joanne M. Conroy, MD MHMH/DHC/D-HH Trustee <i>Ex-officio: CEO, Dartmouth-Hitchcock; President, D-HH</i> <u><i>Effective August 7, 2017</i></u></p>	<p>Kari M. Rosenkranz, MD MHMH/DHC (Lebanon Physician) Trustee <i>Associate Professor of Surgery; Medical Director, Comprehensive Breast Program; and Vice Chair for Education, Department of Surgery</i></p>
<p>Vincent S. Conti, MHA MHMH/DHC/D-HH Trustee <i>Retired President & CEO, Maine Medical Center</i></p>	<p>Brian C. Spence, MD, MHCDS MHMH/DHC Trustee <i>Associate Professor of Anesthesiology</i></p>
<p>Denis A. Cortese, MD MHMH/DHC/D-HH Trustee <i>Foundation Professor at Arizona State University (ASU) and Director of ASU's Healthcare Delivery and Policy Program</i></p>	<p>Edward H. Stansfield, III, MA MHMH/DHC/D-HH Trustee <i>Senior Resident Director and Senior Vice President for the Hanover, NH Merrill Lynch Office</i></p>
<p>Barbara J. Couch MHMH/DHC/D-HH Boards' Secretary <i>President of Hypertherm's HOPE Foundation (includes leadership of all of Hypertherm's philanthropic and volunteer initiatives)</i></p>	<p>Pamela Austin Thompson, MS, RN, CENP, FAAN MHMH/DHC/D-HH Trustee <i>Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)</i></p>
<p>Paul P. Danos, PhD MHMH/DHC/D-HH Trustee <i>Dean Emeritus; Laurence F. Whittemore Professor of Business Administration, Tuck School of Business at Dartmouth</i></p>	<p>Anne-Lee Verville MHMH/DHC/D-HH Boards' Chair <i>Retired senior executive, IBM</i></p>
<p>Senator Judd A. Gregg MHMH/DHC Trustee <i>Senior Advisor to SIFMA</i></p>	<p>Jon Wahrenberger, MD MHMH/DHC (Lebanon Physician) Trustee <i>Cardiologist</i></p>
<p>Laura K. Landy, MBA MHMH/DHC/D-HH Trustee <i>President and CEO of the Fannie E. Rippel Foundation</i></p>	<p>Marc B. Wolpov, JD, MBA MHMH/DHC/D-HH Trustee <i>Co-Chief Executive Officer of Audax Group</i></p>

Ashley Rose Greenfield

Work Experience

July 2017- Present **Partnership Coordinator**, Dartmouth-Hitchcock Medical Center, *Newport, NH*

Working within Sullivan County and in co-collaboration with the Upper Valley, to empower and promote collaboration to combat substance use disorders in rural communities from a systems level perspective.

- Facilitation of community forums and organized community events surrounding substance use disorder and public health topics
- Works to develop interagency collaboration through assets and gaps mapping, request for proposal, and grant process support for community health initiatives
- Harm reduction program development for those identifying with substance use disorder

July 2015 – July 2017 **Chair**, Rutland County Continuum of Care, *Rutland, VT*

Provide a platform for community engagement to end homelessness and generational poverty. (RCCC is a HUD funded platform.)

July 2015 – July 2017 **Board Member**, State of Vermont Coalition to End Homelessness, *Rutland, VT*

Offer technical assistance to Vermont counties on homelessness, domestic violence, youth, and veteran subpopulations.

July 2013- July 2017 **Case Manager**, Homeless Prevention Center, *Rutland, VT*

- Facilitate the rapid-housing and rehousing supportive services for families up to 24 months.
- Advocate with state agencies, community partners, landlords and utilities to facilitate homeless prevention.
- Provide extensive case management including bi-weekly contact with each client in combination of phone and face-to-face visits in varied settings.
- Facilitator for clients, community and State Prison population on a variety of topics including, rental education and financial stability.

Jan. 2012- May 2013 **Hotline Counselor**, HOPEworks, *Burlington VT*

- Certified Vermont State Rape Crisis Worker.
- Rape Crisis Advocate for survivors of sexual assault.

June 2006 – Aug. 2012 **Clerical Assistant**, Human Resource Consulting Group, *Seymour, CT*

- Responsible for the packaging and distribution of payroll for clients throughout the US.
- Created work instructions and procedures to train others.

Volunteer Experience

Jan. 2010- May 2013 **Volunteer Coordinator**, Mobilization of Volunteer Efforts (MOVE), *Colchester VT*

- Coordinated the "Baked Love" program which feeds meals to community families.
- Organized events and ran two weekly programs to serve the Winooski community.
- Raised funds to sponsor community meals.

Oct. 2012-Dec. 2012 **Facilitator**, OneVoice South Africa, *Kwa-Zulu Natal, South Africa*

- Designed & facilitated an education program on sexual assault, sexual harassment, and gender-based violence for Grade 8 learners in 44 different schools in Kwa-Zulu Natal, South Africa.

Education

University of Vermont, Burlington, VT, Current: M.S. in Public Health

Saint Michael's College, Colchester, VT, May 2013, B. S. in Biology, with a minor in English

University of Vermont, Burlington, VT, Spring 2014 – Fall 2016: Certificate in Public Health

School for International Training, South Africa, Fall 2012: Community Health and Social Policy

Special Skills/Interests

- Trauma Informed Care/Strength- Based Approach Trained
- Supervision and Employee Management Trained
- Community Facilitation
- High-level proficiency in Microsoft Office
- CPR/ First Aid Certified
- Naloxone Trainer for Community Events

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Ashley Greenfield	Community Health Partnership Coordinator	54266	44%	23853.00



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

VENDOR NAME	REGION SERVED	SFY 2018	SFY 2019	TOTAL
City of Nashua	Nashua	403,322	394,322	797,644
County of Cheshire	Cheshire	290,387	290,387	580,774
Goodwin Community Health	Strafford	393,815	393,815	787,630
Granite United Way	Capital	394,453	394,453	788,906
Granite United Way	Carroll	385,649	385,649	771,298
Granite United Way	South Central	372,807	384,432	757,239
Lamprey Health Care	Seacoast	376,583	377,151	753,734
Lakes Region Partnership for Public Hlth	Winnepesaukee	388,512	388,512	777,024
Manchester Health Dept.	Manchester	583,872	583,872	1,167,744
Mary Hitchcock Mem Hsp	Sullivan	379,040	376,499	755,539
Mary Hitchcock Mem Hsp	Upper Valley	383,388	377,629	761,017
Mid-State Health Center	Central	385,391	385,391	770,782
North Country Health Consortium	North Country	473,269	473,269	946,538
		\$5,210,488	\$5,205,381	\$10,415,869

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

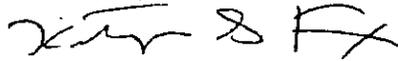
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

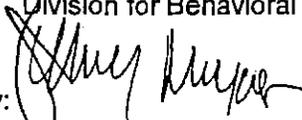


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
 98% Federal Funds & 2% General Funds**

CFDA #93.959

FAIN #TI010035

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000
		SUB TOTAL		2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
		Sub-Total		22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
		Sub-Total		22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
		Sub-Total		22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
		Sub-Total		22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
		Sub-Total		22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
		Sub-Total		19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

Regional Public Health Network
Services
RFP Name

RFP-2018-DPHS-01-REGION
RFP Number

Reviewer Names

Bidder Name (PHEP)
1. City of Nashua
2. Manchester Health Dept
3. 0
4. 0
5. 0
6. 0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. Neil Twitchell, Administrator-I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schimmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

44,10

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-10

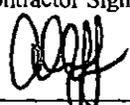
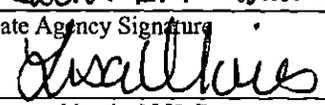
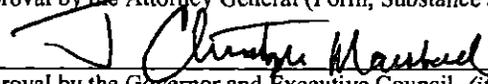
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

<p>1.1 State Agency Name NH Department of Health and Human Services</p>		<p>1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857</p>	
<p>1.3 Contractor Name Mary Hitchcock Memorial Hospital (Sullivan County Region)</p>		<p>1.4 Contractor Address 1 Medical Center Drive Lebanon, NH 03756-0001</p>	
<p>1.5 Contractor Phone Number 603-650-4068</p>	<p>1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,</p>	<p>1.7 Completion Date 06/30/19</p>	<p>1.8 Price Limitation \$755,539</p>
<p>1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director</p>		<p>1.10 State Agency Telephone Number 603-271-9246</p>	
<p>1.11 Contractor Signature </p>		<p>1.12 Name and Title of Contractor Signatory Daniel P. Jantzen Chief Financial Officer</p>	
<p>1.13 Acknowledgement: State of <u>New Hampshire</u> County of <u>Grafton</u> On <u>5/23/19</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily procured to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.</p>			
<p>1.13.1 Signature of Notary Public or Justice of the Peace </p>			
<p>1.13.2 Name of Notary or Justice of the Peace <u>Laura K. Rondeau - Notary Public</u></p>			
<p>1.14 State Agency Signature  Date: <u>5/23/17</u></p>		<p>1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director</p>	
<p>1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____</p>			
<p>1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>6/5/17</u></p>			
<p>1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____</p>			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.

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Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

[Handwritten Signature]



Exhibit A

- 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
- 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.


Date 5/11/17



Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU .Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledge, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board: (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,



Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.

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Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

- 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
- 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
- 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
- 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
- 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
- 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
- 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
- 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

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Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B

-
- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 10,505.00	\$ 1,628.00	\$ 12,133.00	
2. Employee Benefits	\$ 3,635.00	\$ 563.00	\$ 4,198.00	
3. Consultants	\$ 10,000.00	\$ 1,550.00	\$ 11,550.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 300.00	\$ 47.00	\$ 347.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 634.00	\$ 98.00	\$ 732.00	
6. Travel	\$ 400.00	\$ 62.00	\$ 462.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 25,974.00	\$ 4,026.00	\$ 30,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital - Sullivan
Bidder/Contractor Name: County

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 10,505.00	\$ 1,628.00	\$ 12,133.00	
2. Employee Benefits	\$ 3,635.00	\$ 563.00	\$ 4,198.00	
3. Consultants	\$ 10,000.00	\$ 1,550.00	\$ 11,550.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 635.00	\$ 98.00	\$ 733.00	
6. Travel	\$ 400.00	\$ 62.00	\$ 462.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 800.00	\$ 124.00	\$ 924.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 25,975.00	\$ 4,025.00	\$ 30,000.00	

Indirect As A Percent of Direct

15.5%

\$ -

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,600.00	\$ 7,378.00	\$ 54,978.00	
2. Employee Benefits	\$ 16,470.00	\$ 2,553.00	\$ 19,023.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 1,400.00	\$ 217.00	\$ 1,617.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 131.00	\$ 20.00	\$ 151.00	
6. Travel	\$ 200.00	\$ 31.00	\$ 231.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 65,801.00	\$ 10,199.00	\$ 76,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: _____

5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,600.00	\$ 7,378.00	\$ 54,978.00	
2. Employee Benefits	\$ 16,470.00	\$ 2,553.00	\$ 19,023.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 930.00	\$ 144.00	\$ 1,074.00	
6. Travel	\$ 300.00	\$ 47.00	\$ 347.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 65,800.00	\$ 10,200.00	\$ 76,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,392.00	\$ 7,191.00	\$ 53,583.00	
2. Employee Benefits	\$ 16,052.00	\$ 2,488.00	\$ 18,540.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,119.00	\$ 328.00	\$ 2,447.00	
6. Travel	\$ 700.00	\$ 109.00	\$ 809.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 67,763.00	\$ 10,504.00	\$ 78,267.00	

Indirect As A Percent of Direct

\$

15.5%

Contractor Initials:

OM

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 52,916.00	\$ 8,202.00	\$ 61,118.00	
2. Employee Benefits	\$ 18,309.00	\$ 2,838.00	\$ 21,147.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,127.00		\$ 1,127.00	
6. Travel	\$ 264.00	\$ 41.00	\$ 305.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 73,116.00	\$ 11,159.00	\$ 84,275.00	

Indirect As A Percent of Direct

15.3%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 35,880.00	\$ 5,561.00	\$ 41,441.00	
2. Employee Benefits	\$ 12,414.00	\$ 1,924.00	\$ 14,338.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 700.00	\$ 109.00	\$ 809.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements	\$ 18,100.00	\$ 2,806.00	\$ 20,906.00	
13. Other (specific details mandatory):		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 69,594.00	\$10,788.00	\$ 80,382.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____

Date: _____



5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,840.00	\$ 7,415.00	\$ 55,255.00	
2. Employee Benefits	\$ 16,553.00	\$ 2,566.00	\$ 19,119.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel		\$ -	\$ -	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 64,393.00	\$ 9,981.00	\$ 74,374.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,900.00	\$ 450.00	\$ 3,350.00	
2. Employee Benefits	\$ 1,003.00	\$ 155.00	\$ 1,158.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 413.00	\$ 64.00	\$ 477.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,860.00	\$ 13,860.00	
13. Other (specific details mandatory):	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 17,316.00	\$ 2,684.00	\$ 20,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

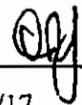
Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,900.00	\$ 450.00	\$ 3,350.00	
2. Employee Benefits	\$ 1,003.00	\$ 155.00	\$ 1,158.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 413.00	\$ 64.00	\$ 477.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,860.00	\$ 13,860.00	
13. Other (specific details mandatory):	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 17,316.00	\$ 2,684.00	\$ 20,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 45,067.00	\$ 6,985.00	\$ 52,052.00	
2. Employee Benefits	\$ 15,593.00	\$ 2,417.00	\$ 18,010.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,200.00	\$ 341.00	\$ 2,541.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ 78.00	\$ 578.00	
6. Travel	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 840.00	\$ 130.00	\$ 970.00	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 3,000.00	\$ 465.00	\$ 3,465.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 72,200.00	\$11,191.00	\$ 83,391.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: 

Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County
Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)
Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 45,067.00	\$ 6,985.00	\$ 52,052.00	
2. Employee Benefits	\$ 15,593.00	\$ 2,417.00	\$ 18,010.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 2,500.00	\$ 388.00	\$ 2,888.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 840.00	\$ 130.00	\$ 970.00	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 3,000.00	\$ 465.00	\$ 3,465.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 70,000.00	\$10,850.00	\$ 80,850.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County
Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)
Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,574.00	\$ 864.00	\$ 6,438.00	
2. Employee Benefits	\$ 1,929.00	\$ 299.00	\$ 2,228.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 100.00	\$ 16.00	\$ 116.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,470.00	\$ 228.00	\$ 1,698.00	
6. Travel	\$ 450.00	\$ 70.00	\$ 520.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):		\$ -	\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 9,523.00	\$ 1,477.00	\$ 11,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials:

Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,574.00	\$ 864.00	\$ 6,438.00	
2. Employee Benefits	\$ 1,930.00	\$ 299.00	\$ 2,229.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,570.00	\$ 243.00	\$ 1,813.00	
6. Travel	\$ 450.00	\$ 70.00	\$ 520.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):		\$ -	\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 9,524.00	\$ 1,476.00	\$ 11,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials:

Date: 5/11/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.


Date 5/1/07

New Hampshire Department of Health and Human Services
Exhibit C



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis

New Hampshire Department of Health and Human Services
Exhibit C



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

Handwritten initials of the contractor, appearing to be 'DJ'.

5/11/17



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name:

Name: Daniel P. Vantzen
Title: Chief Financial Officer

5/11/17
Date

Contractor Initials
Date 5/11/17



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

- Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
 - *Child Support Enforcement Program under Title IV-D
 - *Social Services Block Grant Program under Title XX
 - *Medicaid Program under Title XIX
 - *Community Services Block Grant under Title VI
 - *Child Care Development Block Grant under Title IV

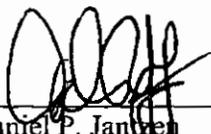
The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name:

5/11/17
Date


Name: Daniel P. Jantzen
Title: Chief Financial Officer



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

Name: Daniel J. Jantzen
Title: Chief Financial Officer

5/11/17

Date

Contractor Initials

Date 5/11/17



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

**New Hampshire Department of Health and Human Services
Exhibit G**



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

Name: Daniel P. Jantzen
Title: Chief Financial Officer

5/11/17
Date

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

Name: Daniel P. Gritzen
Title: Chief Financial Officer

5/11/17

Date

Contractor Initials

Date 5/11/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

A handwritten signature in black ink, appearing to be 'AJ' or similar initials.



Exhibit I

- i. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

A handwritten signature in black ink, appearing to be 'CAF'.



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

[Handwritten Signature]



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) l, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services

The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

5/23/17
Date

Mary Hitchcock Memorial Hospital

Name of the Contractor

[Signature]
Signature of Authorized Representative

Daniel P. Jantzen

Name of Authorized Representative

Chief Financial Officer

Title of Authorized Representative

May 11, 2017
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

Name: Daniel P. Jantzen
Title: Chief Financial Officer

5/11/17

Date

Contractor Initials

Date 5/11/17



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 06-99102-97
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO _____ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO _____ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

5/11/17



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Mary Hitchcock Memorial Hospital (Upper Valley Region) (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 1 Medical Center Drive, Lebanon, NH 03756.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$686,943.
1. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
2. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
2. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
3. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



-
4. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
 5. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.

The rest of this page left intentionally blank.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/6/18
Date

[Signature]
Lisa Morris
Director

Mary Hitchcock Memorial Hospital (Upper Valley Region)

5-31-18
Date

[Signature]
Name: Patrick Jordan
Title: Chief Operating Officer

Acknowledgement of Contractor's signature:

State of New Hampshire, County of Grafton on May 31, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Laura Rondeau, Notary Public
Name and Title of Notary or Justice of the Peace

My Commission Expires: April 19, 2022





**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

01/19/10
Date

[Signature]
Name: Megan A. Yee
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



Exhibit A-1

- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Upper Valley**

**Regional Public Health Network Services -
Budget Request for: CoC**

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 23,756.00	\$ 3,682.00	\$ 27,438.00	
2. Employee Benefits	\$ 8,220.00	\$ 1,274.00	\$ 9,494.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 89.00	\$ 14.00	\$ 103.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 2.00	\$ -	\$ 2.00	
12. Subcontracts/Agreements			\$ -	
13. Other (specific details mandatory):			\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 32,067.00	\$ 4,970.00	\$ 37,037.00	

Indirect As A Percent of Direct

15.5%

RFP-2018-DPHS-01-REGION-11

Contractor Initials: PFJ

Date: 5-31-18

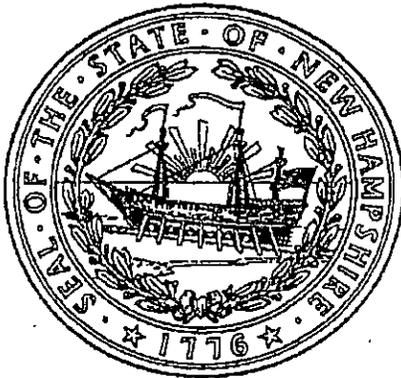
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. 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: 68517



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2017.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Anne-Lee Verville, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the December 7th, 2012 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:

ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets

“In exercising this [fiduciary] duty, the Board may, consistent with the Corporation’s Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable.”

3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Operating Officer, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Patrick F. Jordan, III, is the Chief Operating Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 31st day of May 2018.



Anne-Lee Verville, Board Chair

STATE OF NHCOUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 31 day of May 2018, by Anne-Lee Verville.





Notary Public
My Commission Expires: April 19, 2022

CERTIFICATE OF INSURANCE

DATE: June 1, 2018

COMPANY AFFORDING COVERAGE
 Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED
 Dartmouth-Hitchcock Clinic/ MHMH
 One Medical Center Drive
 Lebanon, NH 03756 -
 (603)653-6850

COVERAGES

This is to certify that the Policy listed below have been issued to the Named Insured above for the Policy Period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims. This policy issued by a risk retention group may not be subject to all insurance laws and regulations in all states. State insurance insolvency funds are not available to a risk retention group policy.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
GENERAL LIABILITY	X CLAIMS MADE	0002017-A	07/01/2017	06/30/2018	EACH OCCURRENCE	\$1,000,000	
					PRODUCTS-COMP/OP AGGREGATE		
					PERSONAL ADV INJURY		
					GENERAL AGGREGATE	\$3,000,000	
OTHER	OCCURRENCE				FIRE DAMAGE		
					MEDICAL EXPENSES		
PROFESSIONAL LIABILITY	CLAIMS MADE				EACH CLAIM		
					OCCURENCE	ANNUAL AGGREGATE	
OTHER							

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Certificate of Insurance issued as evidence of insurance.

CERTIFICATE HOLDER

State of NH, DHHS
 129 Pleasant Street
 Concord, NH 03301

 Attn: Ami Carvotta

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES



CERTIFICATE OF INSURANCE

DATE: June 6, 2018

COMPANY AFFORDING COVERAGE

Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED

Mary Hitchcock Memorial Hospital –DH-H
 One Medical Center Drive
 Lebanon, NH 03756
 (603)653-6850

COVERAGES

This is to certify that the Policy listed below have been issued to the Named Insured above for the Policy Period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims. This policy issued by a risk retention group may not be subject to all insurance laws and regulations in all states. State insurance insolvency funds are not available to a risk retention group policy.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	0002018-A	07/01/2018	06/30/2019	EACH OCCURRENCE	\$1,000,000
					PRODUCTS-COMP/OP AGGREGATE	
					PERSONAL ADV INJURY	
					GENERAL AGGREGATE	\$3,000,000
OTHER					MEDICAL EXPENSES	
PROFESSIONAL LIABILITY	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURENCE				EACH CLAIM	
					ANNUAL AGGREGATE	
					OTHER	

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Certificate of Insurance issued as evidence of insurance.

CERTIFICATE HOLDER

DHHS
 129 Pleasant Street
 Concord, NH 03301

 Attn: Ami Carvotta

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES





Mission, Vision, & Values

Our Mission

We advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Dartmouth-Hitchcock Health and Subsidiaries

**Consolidated Financial Statements
June 30, 2016 and 2015**

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2016 and 2015

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and Subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We did not audit the consolidated financial statements of The Cheshire Medical Center, a subsidiary whose sole member is Dartmouth-Hitchcock Health, which statements reflect total assets of 8.8% and 9.7% of consolidated total assets at June 30, 2016 and 2015, respectively, and total revenues of 9.2% and 3.5%, respectively, of consolidated total revenues for the years then ended. Those statements were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for The Cheshire Medical Center, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Health System as of June 30, 2016 and 2015, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 26, 2016

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Assets		
Current assets		
Cash and cash equivalents	\$ 40,592	\$ 38,909
Patient accounts receivable, net of estimated uncollectibles of \$118,403 and \$92,532 at June 30, 2016 and 2015 (Note 4)	260,988	204,272
Prepaid expenses and other current assets	<u>95,820</u>	<u>100,586</u>
Total current assets	397,400	343,767
Assets limited as to use (Notes 5, 7, and 10)	592,468	620,425
Other investments for restricted activities (Notes 5 and 7)	142,036	132,016
Property, plant, and equipment, net (Note 6)	612,564	601,355
Other assets	<u>91,199</u>	<u>88,450</u>
Total assets	<u>\$ 1,835,667</u>	<u>\$ 1,786,013</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 18,307	\$ 17,179
Line of credit (Note 13)	36,550	1,200
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,176	3,249
Accounts payable and accrued expenses (Note 13)	107,544	120,221
Accrued compensation and related benefits	103,554	94,864
Estimated third-party settlements (Note 4)	<u>30,550</u>	<u>36,599</u>
Total current liabilities	299,681	273,312
Long-term debt, excluding current portion (Note 10)	629,274	575,484
Insurance deposits and related liabilities (Note 12)	56,887	62,356
Interest rate swaps (Notes 7 and 10)	28,917	24,740
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	272,493	190,280
Other liabilities	<u>58,911</u>	<u>56,109</u>
Total liabilities	<u>1,346,163</u>	<u>1,182,281</u>
Commitments and contingencies (Notes 4, 6, 7, 10, and 13)		
Net assets		
Unrestricted (Note 9)	360,183	474,194
Temporarily restricted (Notes 8 and 9)	75,731	76,457
Permanently restricted (Notes 8 and 9)	<u>53,590</u>	<u>53,081</u>
Total net assets	<u>489,504</u>	<u>603,732</u>
Total liabilities and net assets	<u>\$ 1,835,667</u>	<u>\$ 1,786,013</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted revenue and other support		
Net patient service revenue, net of provision for bad debt (\$55,121 and \$17,562 in 2016 and 2015), (Notes 1 and 4)	\$ 1,634,154	\$ 1,380,559
Contracted revenue (Note 2)	65,982	80,835
Other operating revenue (Note 2 and 5)	82,352	82,993
Net assets released from restrictions	9,219	15,637
Total unrestricted revenue and other support	<u>1,791,707</u>	<u>1,560,024</u>
Operating expenses		
Salaries	872,465	778,387
Employee benefits	234,407	214,627
Medical supplies and medications	309,814	219,967
Purchased services and other	255,141	218,704
Medicaid enhancement tax (Note 4)	58,565	51,996
Depreciation and amortization	80,994	67,213
Interest (Note 10)	19,301	18,442
Total operating expenses	<u>1,830,687</u>	<u>1,569,336</u>
Operating loss	<u>(38,980)</u>	<u>(9,312)</u>
Nonoperating gains (losses)		
Investment losses (Notes 5 and 10)	(20,103)	(11,015)
Other losses	(3,845)	(1,241)
Contribution revenue from acquisition (Note 3)	18,083	92,499
Total nonoperating (losses) gains, net	<u>(5,865)</u>	<u>80,243</u>
(Deficiency) excess of revenue over expenses	<u>\$ (44,845)</u>	<u>\$ 70,931</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted net assets		
(Deficiency) excess of revenue over expenses	\$ (44,845)	\$ 70,931
Net assets released from restrictions	3,248	2,411
Change in funded status of pension and other postretirement benefits (Note 11)	(66,541)	(60,892)
Change in fair value of interest rate swaps (Note 10)	(5,873)	(931)
(Decrease) increase in unrestricted net assets	<u>(114,011)</u>	<u>11,519</u>
Temporarily restricted net assets		
Gifts, bequests, sponsored activities	12,227	10,625
Investment gains	518	1,797
Change in net unrealized gains on investments	(1,674)	(1,619)
Net assets released from restrictions	(12,467)	(18,048)
Contribution of temporarily restricted net assets from acquisition	670	19,038
(Decrease) increase in temporarily restricted net assets	<u>(726)</u>	<u>11,793</u>
Permanently restricted net assets		
Gifts and bequests	699	389
Investment losses in beneficial interest in trust	(219)	(187)
Contribution of permanently restricted net assets from acquisition	29	16,610
Increase in permanently restricted net assets	<u>509</u>	<u>16,812</u>
Change in net assets	(114,228)	40,124
Net assets		
Beginning of year	<u>603,732</u>	<u>563,608</u>
End of year	<u>\$ 489,504</u>	<u>\$ 603,732</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Cash flows from operating activities		
Change in net assets	\$ (114,228)	\$ 40,124
Adjustments to reconcile change in net assets to net cash (used) provided by operating and nonoperating activities		
Change in fair value of interest rate swaps	4,177	(104)
Provision for bad debt	55,121	17,562
Depreciation and amortization	81,138	67,414
Contribution revenue from acquisition	(18,782)	(128,147)
Change in funded status of pension and other postretirement benefits	66,541	60,892
Loss on disposal of fixed assets	2,895	670
Net realized losses and change in net unrealized losses on investments	27,573	15,795
Restricted contributions	(4,301)	(11,040)
Proceeds from sale of securities	496	723
Changes in assets and liabilities		
Patient accounts receivable, net	(101,567)	(17,151)
Prepaid expenses and other current assets	4,767	9,165
Other assets, net	2,188	(4,388)
Accounts payable and accrued expenses	(23,668)	(5,169)
Accrued compensation and related benefits	5,343	8,684
Estimated third-party settlements	(3,652)	2,637
Insurance deposits and related liabilities	(14,589)	(17,177)
Liability for pension and other postretirement benefits	15,599	(25,471)
Other liabilities	2,109	(669)
Net cash (used) provided by operating and nonoperating activities	<u>(12,840)</u>	<u>14,350</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(73,021)	(87,196)
Proceeds from sale of property, plant, and equipment	612	1,533
Purchases of investments	(67,117)	(166,589)
Proceeds from maturities and sales of investments	66,105	195,950
Cash received through acquisition	12,619	29,914
Net cash used by investing activities	<u>(60,802)</u>	<u>(26,388)</u>
Cash flows from financing activities		
Proceeds from line of credit	140,600	60,904
Payments on line of credit	(105,250)	(60,700)
Repayment of long-term debt	(104,343)	(54,682)
Proceeds from issuance of debt	140,031	43,452
Payment of debt issuance costs	(14)	6
Restricted contributions	4,301	11,040
Net cash provided by financing activities	<u>75,325</u>	<u>20</u>
Increase (decrease) in cash and cash equivalents	1,683	(12,018)
Cash and cash equivalents		
Beginning of year	<u>38,909</u>	<u>50,927</u>
End of year	<u>\$ 40,592</u>	<u>\$ 38,909</u>
Supplemental cash flow information		
Interest paid	\$ 22,298	\$ 21,659
Asset (depreciation) appreciation due to affiliations	(960)	15,596
Construction in progress included in accounts payable and accrued expenses	16,427	12,259
Equipment acquired through issuance of capital lease obligations	2,001	1,741
Donated securities	688	685

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC) (collectively referred to as "Dartmouth-Hitchcock" (D-H)), New London Hospital Association (NLH), Mt. Ascutney Hospital and Health Center (MAHHC), The Cheshire Medical Center (Cheshire) and Alice Peck Day Health Systems Corp. (APD).

The "Health System" consists of D-HH, its affiliates and their subsidiaries.

D-HH currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. D-HH also operates four physician practices and a nursing home. D-HH operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, MHMH, DHC, NLH, Cheshire and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC is a VT not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the IRC.

Fiscal year 2016 includes a full year of operations of D-HH, D-H, NLH, MAHHC, Cheshire and four months of operations of APD. Fiscal year 2015 includes a full year of operations of D-HH, D-H, NLH, MAHHC and four months of operations of Cheshire.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

The Health System files annual Community Benefits Reports with the State of NH which outlines the community and charitable benefits it provides. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community health services* include activities carried out to improve community health and could include community health education (such as lectures, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

- *Subsidized health services* are services provided, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research support and other grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations.
- *Community health-related initiatives* occur outside of the organization(s) through various financial contributions of cash, in-kind, and grants to local organizations.
- *Community-building activities* include cash, in-kind donations, and budgeted expenditures for the development of programs and partnerships intended to address social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement. Community benefit operations includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.
- *Charity care (financial assistance)* represents services provided to patients who cannot afford healthcare services due to inadequate financial resources which result from being uninsured or underinsured. For the years ended June 30, 2016 and 2015, the Health System provided financial assistance to patients in the amount of approximately \$30,637,000 and \$50,076,000, respectively, as measured by gross charges. The estimated cost of providing this care for the years ended June 30, 2016 and 2015 was approximately \$12,257,000 and \$18,401,000, respectively. The estimated costs of providing charity care services are determined applying a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of costs to charges is calculated using total expenses, less bad debt, divided by gross revenue.

Charity care provided by the Health System decreased by approximately \$19,400,000 from 2015 to 2016. This change was due to the implementation of the Federal Exchange in December of 2013 and the NH Medicaid Expansion Plan in August of 2014. The Health System began to experience decreases in uninsured patients and increases in patients covered by the Federal Exchange NH in summer of calendar 2015 (fiscal year 2015) which continued to decrease as more NH uninsured and underinsured patients were able to receive coverage by the Federal or NH Medicaid plans specifically impacting fiscal 2016.

- *Government-sponsored healthcare services* are provided to Medicaid and Medicare patients at reimbursement levels that are significantly below the cost of the care provided.
- *The uncompensated cost of care for Medicaid patients* reported in the unaudited Community Benefits Reports for 2015 was approximately \$146,758,000. The 2016 Community Benefits Reports are expected to be filed in February 2017.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2016 and 2015

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2015:

(Unaudited, in thousands of dollars)

Community health services	\$ 4,373
Health professional education	30,157
Subsidized health services	13,645
Research	5,361
Financial contributions	5,829
Community building activities	623
Community benefit operations	582
Charity care	18,401
Government-sponsored healthcare services	<u>258,189</u>
Total community benefit value	<u>\$ 337,160</u>

The Health System also provides a significant amount of uncompensated care to its patients that are reported as provision for bad debts, which is not included in the amounts reported above. During the years ended June 30, 2016 and 2015, the Health System reported a provision for bad debt expense of approximately \$55,121,000 and \$17,562,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954 *Healthcare Entities* (ASC 954), which addresses the accounting for healthcare entities. In accordance with the provisions of ASC 954, net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, unrestricted net assets are amounts not subject to donor-imposed stipulations and are available for operations. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant areas that are affected by the use of estimates include the allowance for estimated uncollectible accounts and contractual allowances, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

(Deficiency) Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

patients, including contributions and investment income on unrestricted investments, which are utilized to provide charity and other operational support. Peripheral activities, including unrestricted contribution income from acquisitions, realized gains/losses on sales of investment securities and changes in unrealized gains/losses in investments are reported as nonoperating gains (losses).

Changes in unrestricted net assets which are excluded from (deficiency) excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), change in funded status of pension and other postretirement benefit plans, and the effective portion of the change in fair value of interest rate swaps.

Charity Care and Provision for Bad Debts

The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and bad debt expense. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contract Revenue

The Health System has various Professional Service Agreements (PSAs), pursuant to which certain facilities purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue

The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. This revenue includes retail pharmacy, joint operating agreements, grant revenue, cafeteria sales, meaningful use incentive payments and other support service revenue.

Cash Equivalents

Cash equivalents include investments in highly liquid investments with maturities of three months or less when purchased, excluding amounts where use is limited by internal designation or other arrangements under trust agreements or by donors.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds and pooled/commingled funds, and all investments in debt securities are considered to be trading securities reported at fair value with changes in fair value included in the (deficiency) excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in (deficiency) excess of revenues over expenses. All investments, whether held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

Certain affiliates of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and restricted assets were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on unrestricted investments, change in value of equity method investments, interest, and dividends) are included in (deficiency) excess of revenue over expenses classified as nonoperating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV)

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per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amount of patient accounts receivable, prepaid and other current assets, accounts payable, and accrued expenses approximates fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair market value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as unrestricted support, and excluded from (deficiency) excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheets as other assets, are amortized over the term of the related bonds. Amortization is recorded within depreciation and amortization in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

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Trade Names

The Health System records trade names as intangible assets within other assets on the consolidated statements of financial position. The Health System considers trade names to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded \$2,700,000 as intangible assets associated with its affiliations as of June 30, 2016 and 2015. There were no impairment charges recorded for the years ended June 30, 2016 and 2015.

Derivative Instruments and Hedging Activities

The Health System applies the provisions of ASC 815, *Derivatives and Hedging*, to its derivative instruments, which require that all derivative instruments be recorded at their respective fair value in the consolidated balance sheets.

On the date a derivative contract is entered into, the Health System designates the derivative as a cash-flow hedge of a forecasted transaction or the variability of cash flows to be received or paid related to a recognized asset or liability. For all hedge relationships, the Health System formally documents the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking cash-flow hedges to specific assets and liabilities on the consolidated balance sheets or to specific firm commitments or forecasted transactions. The Health System also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in variability of cash flows of hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded in unrestricted net assets until earnings are affected by the variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a cash-flow hedge is reported in (deficiency) excess of revenue over expenses in the consolidated statements of operation and changes in net assets.

The Health System discontinues hedge accounting prospectively when it is determined: (a) the derivative is no longer effective in offsetting changes in the cash flows of the hedged item; (b) the derivative expires or is sold, terminated, or exercised; (c) the derivative is undesignated as a hedging instrument because it is unlikely that a forecasted transaction will occur; (d) a hedged firm commitment no longer meets the definition of a firm commitment; and (e) management determines that designation of the derivative as a hedging instrument is no longer appropriate.

In all situations in which hedge accounting is discontinued, the Health System continues to carry the derivative at its fair value on the consolidated balance sheets and recognizes any subsequent changes in its fair value in (deficiency) excess of revenue over expenses.

Gifts and Bequests

Unrestricted gifts and bequests are recorded net of related expenses as nonoperating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair market value at the date the gift is received. Gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

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Reclassifications

Certain amounts in the 2015 consolidated financial statements have been reclassified to conform to the 2016 presentation. In 2016 the presentation of net assets released from restrictions was changed from a single line presentation in the consolidated statement of operations to one in which the net assets released from restriction are classified in their natural expense classifications.

Recently Issued Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued ASU 2014-09 - Revenue from Contracts with Customers at the conclusion of a joint effort with the International Accounting Standards Board to create common revenue recognition guidance for U.S. GAAP and international accounting standards. This framework ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services, by allocating transaction price to identified performance obligations, and recognizing that revenue as performance obligations are satisfied. Qualitative and quantitative disclosures will be required to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The original standard was effective for fiscal years beginning after December 15, 2016; however, in July 2015, the FASB approved a one-year deferral of this standard, with a new effective date for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In May 2015, the FASB issued ASU 2015-07- Disclosures for Certain Entities That Calculate Net Asset Value per Share (or its Equivalent), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as the practical expedient. This guidance is effective in fiscal year 2017. The Health System is evaluating the impact this will have on the consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03 - Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs, which requires all costs incurred to issue debt to be presented in the balance sheet as a direct deduction from the carrying value of the associated debt liability. This guidance is effective for fiscal years beginning after December 15, 2015, or fiscal 2017 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02 - Leases, which, requires a lessee to recognize a right-of-use asset and a lease liability, initially measured at the present value of the lease payments, in its balance sheet. The standard also requires a lessee to recognize a single lease cost, calculated so that the cost of the lease is allocated over the lease term, on a generally straight-line basis. The guidance also expands the required quantitative and qualitative disclosures surrounding leases. The ASU is effective for fiscal years beginning after December 15, 2018, or fiscal year 2020 for the Health System. Early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01- Recognition and Measurement of Financial Assets and Financial Liabilities, which address certain aspects of recognition, measurement, presentation and disclosure of financial instruments. This guidance allows an entity to choose, investment-by-investment, to report an equity investment that neither has a readily determinable fair value, nor qualifies for the practical expedient for fair value estimation using NAV, at its cost minus impairment (if any), plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issue. Impairment of such investments must be assessed qualitatively at each reporting period. Entities must disclose their financial assets and liabilities by measurement category and form of asset either on the face of the balance sheet or in the accompanying notes. The ASU is effective for annual reporting periods

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beginning after December 15, 2018 or fiscal year 2020 for the Health System. The provision to eliminate the requirement to disclose the fair value of financial instruments measured at cost (such as the fair value of debt) may be early adopted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In August 2016, the FASB issued ASU 2016-14 - Presentation of Financial Statements for Not-for-Profit Entities, which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting will be streamlined and clarified. The existing three-category classification of net assets will be replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment have also been simplified and clarified. New disclosures will highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. Not-for-profits will continue to have flexibility to decide whether to report an operating subtotal and if so, to self-define what is included or excluded. However, if the operating subtotal includes internal transfers made by the governing board, transparent disclosure must be provided. The ASU also imposes several new requirements related to reporting expenses, including providing information about expenses by their natural classification. The ASU is effective for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System and early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. Acquisitions

Effective March 1, 2016, D-HH became the sole corporate member of APD through an affiliation agreement. APD is a not-for-profit corporation providing inpatient and outpatient services to residents of the Upper Valley in NH and VT. APD has a fiscal year end of September 30.

The D-HH 2016 consolidated financial statements reflect four months of activity for APD beginning March 1, 2016.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Health System recorded contribution income of approximately \$18,782,000 reflecting the fair value of the contributed net assets of APD, on the transaction date. Of this amount \$18,083,000 represents unrestricted net assets and is included as a nonoperating gain in the accompanying consolidated statement of operations. Restricted contribution income of \$670,000 and \$29,000 was recorded within temporarily and permanently net assets, respectively in the accompanying consolidated statement of changes in net assets. No consideration was exchanged for the net assets contributed and acquisition costs are expensed as incurred.

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The fair value of assets, liabilities, and net assets contributed by APD at March 1, 2016 were as follows:

(in thousands of dollars)

Assets	
Cash and cash equivalents	\$ 12,619
Patient accounts receivable, net	10,271
Property, plant, and equipment, net	16,600
Other assets	4,939
Estimated third-party settlements	<u>2,397</u>
Total assets acquired	<u>\$ 46,826</u>
Liabilities	
Accounts payable and accrued expenses	\$ 6,823
Accrued compensation and related benefits	3,347
Long-term debt	17,181
Other liabilities	<u>693</u>
Total liabilities assumed	<u>28,044</u>
Net Assets	
Unrestricted	18,083
Temporarily restricted	670
Permanently restricted	<u>29</u>
Total net assets	<u>18,782</u>
Total liabilities and net assets	<u>\$ 46,826</u>

A summary of the financial results of APD included in the consolidated statement of operations and changes in net assets for the period from the date of acquisition March 1, 2016 through June 30, 2016 is as follows:

(in thousands of dollars)

Total operating revenues	\$ 20,973
Total operating expenses	<u>21,374</u>
Operating gain	(401)
Nonoperating gains	<u>235</u>
Excess of revenue over expenses	(166)
Net assets transferred to affiliate	18,782
Changes in temporarily and permanently net assets	<u>24</u>
Increase in net assets	<u>\$ 18,640</u>

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A summary of the consolidated financial results of the Health System for the years ended June 30, 2016 and 2015 as if the transactions had occurred on July 1, 2014 are as follows (unaudited):

<i>(in thousands of dollars)</i>	2016	2015
Total operating revenues	\$ 1,835,177	\$ 1,658,250
Total operating expenses	<u>1,872,167</u>	<u>1,671,124</u>
Operating loss	(36,990)	(12,874)
Nonoperating gains	<u>(6,045)</u>	<u>81,277</u>
(Deficiency) excess of revenue over expenses	(43,035)	68,403
Net assets released from restriction used for capital purchases	3,248	2,411
Change in funded status of pension and other post retirement benefits	(66,541)	(65,128)
Change in fair value on interest rate swaps	<u>(5,873)</u>	<u>(931)</u>
(Decrease) increase in unrestricted net assets	<u>\$ (112,201)</u>	<u>\$ 4,755</u>

4. Patient Service Revenue and Accounts Receivable

Patient service revenue is reported net of contractual allowances and the provision for bad debts as follows for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Gross patient service revenue	\$ 4,426,305	\$ 3,656,514
Less: Contractual allowances	2,737,030	2,258,393
Provision for bad debt	<u>55,121</u>	<u>17,562</u>
Net patient service revenue	<u>\$ 1,634,154</u>	<u>\$ 1,380,559</u>

Accounts receivable are reduced by an allowance for estimated uncollectibles. In evaluating the collectability of accounts receivable, the Health System analyzes past collection history and identifies trends for several categories of self-pay accounts (uninsured, residual balances, pre-collection accounts and charity) to estimate the appropriate allowance percentages in establishing the allowance for bad debt expense. Management performs collection rate look-back analyses on a quarterly basis to evaluate the sufficiency of the allowance for estimated uncollectibles. Throughout the year, after all reasonable collection efforts have been exhausted, the difference between the standard rates and the amounts actually collected, including contractual adjustments and uninsured discounts, will be written off against the allowance for estimated uncollectibles. In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for estimated uncollectibles.

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Accounts receivable, prior to adjustment for estimated uncollectibles, are summarized as follows at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Receivables		
Patients	\$ 126,320	\$ 123,881
Third-party payors	244,716	171,141
Nonpatient	8,355	1,782
	<u>\$ 379,391</u>	<u>\$ 296,804</u>

The allowance for estimated uncollectibles is \$118,403,000 and \$92,532,000 as of June 30, 2016 and 2015.

The following table categorizes payors into five groups and their respective percentages of gross patient service revenue for the years ended June 30, 2016 and 2015:

	2016	2015
Medicare	42 %	40 %
Anthem/blue cross	19	21
Commercial insurance	22	20
Medicaid	14	15
Self-pay/other	3	4
	<u>100 %</u>	<u>100 %</u>

The Health System has agreements with third-party payors that provide for payments at amounts different from their established rates. A summary of the acute care payment arrangements in effect during the years ended June 30, 2016 and 2015 with major third-party payors follows:

Medicare

The Health System's inpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system. Under the system, outpatient services are reimbursed based on a pre-determined amount for each outpatient procedure, subject to various mandated modifications. The Health System is reimbursed during the year for services to Medicare beneficiaries based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subsequent audit of this report by the Medicare fiscal intermediary.

Certain of the Health System's affiliates qualify as Critical Access Hospitals (CAH), which are reimbursed by Medicare at 101% (subject to sequestration of 2%) of reasonable costs for its inpatient acute, swing bed, and outpatient services, excluding ambulance services and inpatient hospice care. They are reimbursed at an interim rate for cost based services with a final settlement determined by the Medicare Cost Report filing. The nursing home and the rehabilitation distinct-

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part-unit are not impacted by CAH designation. Medicare reimburses both services based on an acuity driven prospective payment system with no retrospective settlement.

Medicaid

The Health System's payments for inpatient services rendered to NH Medicaid beneficiaries are based on a prospective payment system, while outpatient services are reimbursed on a retrospective cost basis or fee schedules. NH Medicaid Outpatient Direct Medical Education costs are reimbursed, as a pass-through, based on the filing of the Medicare cost report. Payment for inpatient and outpatient services rendered to VT Medicaid beneficiaries are based on prospective payment systems and the skilled nursing facility is reimbursed on a prospectively determined per diem rate.

During the years ended June 30, 2016 and 2015, the Health System recorded State of NH Medicaid Enhancement Tax (MET) and State of VT Provider Tax of \$58,565,000 and \$51,996,000, respectively. The taxes are calculated at 5.5% for NH and 6% for VT of certain net patient revenues in accordance with instructions received from the States. The provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

On June 30, 2014, the NH Governor signed into law a bi-partisan legislation reflecting an agreement between the State of NH and 25 NH hospitals on the Medicaid Enhancement Tax "SB 369". As part of the agreement the parties have agreed to resolve all pending litigation related to MET and Medicaid Rates, including the Catholic Medical Center Litigation, the Northeast Rehabilitation Litigation, 2014 DRA Refund Requests, and the State Rate Litigation. As part of the Medicaid Enhancement Tax Agreement Effective July 1, 2014, a "Trust / Lock Box" dedicated fund mechanism will be established for receipt and distribution of all MET proceeds with all monies used exclusively to support Medicaid services. During the years ended June 30, 2016 and 2015, the Health System received disproportionate share hospital (DSH) payments of approximately \$56,718,000 and \$10,152,000, respectively which is included in Net Patient Service Revenue in the consolidated statement of operations and changes in net assets.

The Health Information Technology for Economic and Clinical Health (HITECH) Act included in the American Recovery and Reinvestment Act (ARRA) provides incentives for the adoption and use of health information technology by Medicare and Medicaid providers and eligible professionals over the next several years with an anticipated end date of December 31, 2016, depending on the program. The Health System has recognized \$2,330,000 and \$4,175,000 in meaningful use incentives for both the Medicare and VT Medicaid programs during the years ended June 30, 2016 and 2015, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action; failure to comply with such laws and regulations can result in fines, penalties and exclusion from the Medicare and Medicaid programs.

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Other

For services provided to patients with commercial insurance the Health System receives payment for inpatient services at prospectively determined rates-per-discharge, prospectively determined per diem rates or a percentage of established charges. Outpatient services are reimbursed on a fee schedule or at a discount from established charges.

Nonacute and physician services are paid at various rates under different arrangements with governmental payors, commercial insurance carriers and health maintenance organizations. The basis for payments under these arrangements includes prospectively determined per visit rates, discounts from established charges, fee schedules, and reasonable cost subject to limitations.

The Health System has provided for its estimated final settlements with all payors based upon applicable contracts and reimbursement legislation and timing in effect for all open years (2007 - 2015). The differences between the amounts provided and the actual final settlement, if any, is recorded as an adjustment to net patient service revenue as amounts become known or as years are no longer subject to audits, reviews and investigations. During 2016 and 2015, changes in prior estimates related to the Health System's settlements with third-party payors resulted in (decreases) increases in net patient service revenue of (\$859,000) and \$5,550,000 respectively, in the consolidated statements of operations and changes in net assets.

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5. Investments

The composition of investments at June 30, 2016 and 2015 is set forth in the following table:

<i>(in thousands of dollars)</i>	2016	2015
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 12,915	\$ 8,475
U.S. government securities	33,578	36,634
Domestic corporate debt securities	65,610	80,254
Global debt securities	119,385	111,156
Domestic equities	100,009	106,350
International equities	61,768	69,965
Emerging markets equities	34,282	36,591
Real Estate Investment Trust	432	621
Private equity funds	33,209	26,843
Hedge funds	52,337	56,590
	<u>513,525</u>	<u>533,479</u>
Investments held by captive insurance companies (Note 12)		
U.S. government securities	22,484	27,730
Domestic corporate debt securities	29,123	32,017
Global debt securities	5,655	4,883
Domestic equities	7,830	7,669
International equities	11,901	12,869
	<u>76,993</u>	<u>85,168</u>
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	1,950	1,778
	<u>1,950</u>	<u>1,778</u>
Total assets limited as to use	<u>\$ 592,468</u>	<u>\$ 620,425</u>

<i>(in thousands of dollars)</i>	2016	2015
Other investments for restricted activities		
Cash and short-term investments	\$ 12,219	\$ 5,448
U.S. government securities	21,351	19,730
Domestic corporate debt securities	33,203	34,548
Global debt securities	20,808	18,947
Domestic equities	19,215	18,354
International equities	13,986	14,777
Emerging markets equities	4,887	5,077
Real Estate Investment Trust	470	533
Private equity funds	4,780	3,653
Hedge funds	11,087	10,921
Other	30	28
	<u>30</u>	<u>28</u>
Total other investments for restricted activities	<u>\$ 142,036</u>	<u>\$ 132,016</u>

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used when debt securities or equity securities are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2016 and 2015. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

(in thousands of dollars)

	2016		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 27,084	\$ -	\$ 27,084
U.S. government securities	77,413	-	77,413
Domestic corporate debt securities	101,271	26,665	127,936
Global debt securities	40,356	105,492	145,848
Domestic equities	115,082	11,972	127,054
International equities	23,271	64,384	87,655
Emerging markets equities	331	38,838	39,169
Real Estate Investment Trust	20	882	902
Private equity funds	-	37,989	37,989
Hedge funds	-	63,424	63,424
Other	30	-	30
	\$ 384,858	\$ 349,646	\$ 734,504

(in thousands of dollars)

	2015		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 15,700	\$ -	\$ 15,700
U.S. government securities	84,095	-	84,095
Domestic corporate debt securities	115,698	31,121	146,819
Global debt securities	54,193	80,792	134,985
Domestic equities	119,883	12,491	132,374
International equities	25,790	71,822	97,612
Emerging markets equities	95	41,571	41,666
Real Estate Investment Trust	-	1,154	1,154
Private equity funds	-	30,496	30,496
Hedge funds	-	67,512	67,512
Other	28	-	28
	\$ 415,482	\$ 336,959	\$ 752,441

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Investment income (losses) is comprised of the following for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted		
Interest and dividend income, net	\$ 5,088	\$ 7,927
Net realized gains on sales of securities	(1,223)	12,432
Change in net unrealized gains on investments	<u>(22,980)</u>	<u>(28,824)</u>
	<u>(19,115)</u>	<u>(8,465)</u>
Temporarily restricted		
Interest and dividend income, net	536	1,151
Net realized gains on sales of securities	(18)	646
Change in net unrealized gains on investments	<u>(1,674)</u>	<u>(1,619)</u>
	<u>(1,156)</u>	<u>178</u>
Permanently restricted		
Change in net unrealized losses on beneficial interest in trust	<u>(219)</u>	<u>(187)</u>
	<u>(219)</u>	<u>(187)</u>
	<u>\$ (20,490)</u>	<u>\$ (8,474)</u>

For the years ended June 30, 2016 and 2015 unrestricted investment income (losses) is reflected in the accompanying consolidated statements of operations and changes in net assets as operating revenue of approximately \$988,000 and \$2,550,000 and as nonoperating (losses) gains of approximately (\$20,103,000) and (\$11,015,000), respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2016 and 2015, the Health System has committed to contribute approximately \$116,851,000 and \$105,782,000 to such funds, of which the Health System has contributed approximately \$80,019,000 and \$66,918,000 and has outstanding commitments of \$36,832,000 and \$38,864,000, respectively.

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6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Land	\$ 33,004	\$ 29,558
Land improvements	36,899	31,750
Buildings and improvements	801,840	714,689
Equipment	744,443	590,501
Equipment under capital leases	<u>20,823</u>	<u>17,824</u>
	1,637,009	1,384,322
Less: Accumulated depreciation and amortization	<u>1,046,617</u>	<u>818,816</u>
Total depreciable assets, net	590,392	565,506
Construction in progress	<u>22,172</u>	<u>35,849</u>
	<u>\$ 612,564</u>	<u>\$ 601,355</u>

As of June 30, 2016 construction in progress primarily consists of the construction of the Hospice & Palliative Care building and the renovation of the Borwell building in Lebanon, NH. The estimated cost to complete these projects at June 30, 2016 is \$20,300,000 and \$580,000, respectively. New London Hospital's construction in progress primarily consists of a building addition at Newport Health Center which is expected to be completed in October 2016 at a cost of \$1,200,000.

The construction in progress for the Williamson building reported as of June 30, 2015 was completed during the first quarter of fiscal year 2016 and the major inpatient and outpatient rehabilitation renovations taking place at Mt. Ascutney Hospital reported as construction in progress as of June 30, 2015 were completed during the third quarter of fiscal year 2016.

Depreciation and amortization expense included in operating and nonoperating activities was approximately \$81,138,000 and \$67,414,000 for 2016 and 2015, respectively.

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments

Consists of money market funds and are valued at NAV reported by the financial institution.

Domestic, Emerging Markets and International Equities

Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities

Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are

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based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Interest Rate Swaps

The fair value of interest rate swaps, are determined using the present value of the fixed and floating legs of the swaps. Each series of cash flows are discounted by observable market interest rate curves and credit risk.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Assets						
Investments						
Cash and short term investments	\$ 27,084	\$ -	\$ -	\$ 27,084	Daily	1
U.S. government securities	77,413	-	-	77,413	Daily	1
Domestic corporate debt securities	27,626	73,645	-	101,271	Daily-Monthly	1-15
Global debt securities	23,103	17,253	-	40,356	Daily-Monthly	1-15
Domestic equities	115,082	-	-	115,082	Daily-Monthly	1-10
International equities	23,271	-	-	23,271	Daily-Monthly	1-11
Emerging market equities	331	-	-	331	Daily-Monthly	1-7
Real Estate Investment Trust	20	-	-	20	Daily-Monthly	1-7
Other	-	30	-	30	Not applicable	Not applicable
Total investments	<u>293,930</u>	<u>90,928</u>	<u>-</u>	<u>384,858</u>		
Deferred compensation plan assets						
Cash and short-term investments	2,478	-	-	2,478		
U.S. government securities	30	-	-	30		
Domestic corporate debt securities	6,710	-	-	6,710		
Global debt securities	794	-	-	794		
Domestic equities	23,502	-	-	23,502		
International equities	8,619	-	-	8,619		
Emerging market equities	2,113	-	-	2,113		
Real estate	2,057	-	-	2,057		
Multi strategy fund	9,188	-	-	9,188		
Guaranteed contract	-	-	80	80		
Total deferred compensation plan assets	<u>55,491</u>	<u>-</u>	<u>80</u>	<u>55,571</u>	Not applicable	Not applicable
Beneficial interest in trusts			9,087	9,087	Not applicable	Not applicable
Total assets	<u>\$ 349,421</u>	<u>\$ 90,928</u>	<u>\$ 9,167</u>	<u>\$ 449,518</u>		
Liabilities						
Interest rate swaps	\$ -	\$ 28,917	\$ -	\$ 28,917	Not applicable	Not applicable
Total liabilities	<u>\$ -</u>	<u>\$ 28,917</u>	<u>\$ -</u>	<u>\$ 28,917</u>		

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<i>(in thousands of dollars)</i>	2015				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Assets						
Investments						
Cash and short term investments	\$ 15,700	\$ -	\$ -	\$ 15,700	Daily	1
U.S. government securities	84,095	-	-	84,095	Daily	1
Domestic corporate debt securities	34,671	81,027	-	115,698	Daily-Monthly	1-15
Global debt securities	44,107	10,086	-	54,193	Daily-Monthly	1-15
Domestic equities	119,883	-	-	119,883	Daily-Monthly	1-10
International equities	25,790	-	-	25,790	Daily-Monthly	1-11
Emerging market equities	95	-	-	95	Daily-Monthly	1-7
Other	-	28	-	28	Not applicable	Not applicable
Total investments	324,341	91,141	-	415,482		
Deferred compensation plan assets						
Cash and short-term investments	2,988	-	-	2,988		
U.S. government securities	46	-	-	46		
Domestic corporate debt securities	5,765	-	-	5,765		
Global debt securities	748	-	-	748		
Domestic equities	21,861	-	-	21,861		
International equities	8,808	-	-	8,808		
Emerging market equities	2,232	-	-	2,232		
Real estate	1,874	-	-	1,874		
Multi strategy fund	8,155	-	-	8,155		
Guaranteed contract	-	-	78	78		
Total deferred compensation plan assets	52,477	-	78	52,555	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,345	9,345	Not applicable	Not applicable
Total assets	\$ 376,818	\$ 91,141	\$ 9,423	\$ 477,382		
Liabilities						
Interest rate swaps	\$ -	\$ 24,740	\$ -	\$ 24,740	Not applicable	Not applicable
Total liabilities	\$ -	\$ 24,740	\$ -	\$ 24,740		

The following table is a rollforward of the statements of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

<i>(in thousands of dollars)</i>	2016		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	\$ 9,345	\$ 78	\$ 9,423
Purchases	-	-	-
Sales	-	-	-
Net unrealized gains (losses)	(258)	2	(256)
Net asset transfer from affiliate	-	-	-
Balances at end of year	\$ 9,087	\$ 80	\$ 9,167

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<i>(in thousands of dollars)</i>	2015			Total
	Beneficial Interest in Perpetual Trust	Contribution Receivable From Charitable Remainder Trust	Guaranteed Contract	
Balances at beginning of year	\$ 1,909	\$ 2,118	\$ 75	\$ 4,102
Purchases	-	-	3	3
Sales	-	(2,118)	-	(2,118)
Net unrealized gains (losses)	(198)	-	-	(198)
Net asset transfer from affiliate	7,634	-	-	7,634
Balances at end of year	\$ 9,345	\$ -	\$ 78	\$ 9,423

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Healthcare services	\$ 44,561	\$ 43,822
Research	16,680	16,376
Purchase of equipment	2,826	2,483
Charity care	1,543	2,900
Health education	8,518	9,181
Other	1,603	1,695
	\$ 75,731	\$ 76,457

Permanently restricted net assets consist of the following at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Healthcare services	\$ 32,105	\$ 25,015
Research	7,767	7,689
Purchase of equipment	5,266	6,291
Charity care	2,991	5,609
Health education	5,408	8,454
Other	53	23
	\$ 53,590	\$ 53,081

Income earned on permanently restricted net assets is available for these purposes.

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9. Board Designated and Endowment Funds

Net assets include approximately 65 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Act (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Unrestricted net assets include funds designated by the Board of Trustees to function as endowments and the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Temporarily restricted net assets include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the temporary restrictions on these funds have been met, the funds are reclassified to unrestricted net assets.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2016 and 2015.

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Endowment net asset composition by type of fund consists of the following at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Donor-restricted endowment funds	\$ -	\$ 25,780	\$ 45,402	\$ 71,182
Board-designated endowment funds	26,205	-	-	\$ 26,205
Total endowed net assets	\$ 26,205	\$ 25,780	\$ 45,402	\$ 97,387

<i>(in thousands of dollars)</i>	2015			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Donor-restricted endowment funds	\$ -	\$ 28,296	\$ 44,491	\$ 72,787
Board-designated endowment funds	26,405	-	-	26,405
Total endowed net assets	\$ 26,405	\$ 28,296	\$ 44,491	\$ 99,192

Changes in endowment net assets for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Balances at beginning of year	\$ 26,405	\$ 28,296	\$ 44,491	\$ 99,192
Net investment return	(54)	(1,477)	3	\$ (1,528)
Contributions	-	271	699	\$ 970
Transfers	-	(216)	180	\$ (36)
Release of appropriated funds	(146)	(1,094)	-	\$ (1,240)
Net asset transfer from affiliates	-	-	29	\$ 29
Balances at end of year	\$ 26,205	\$ 25,780	45,402	\$ 97,387
Balances at end of year			45,402	
Beneficial interest in perpetual trust			8,188	
Permanently restricted net assets			\$ 53,590	

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<i>(in thousands of dollars)</i>	2015			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Balances at beginning of year	\$ 19,834	\$ 13,738	\$ 34,360	\$ 67,932
Net investment return	143	(223)	1	(79)
Contributions	-	974	254	1,228
Transfers	-	(370)	158	(212)
Release of appropriated funds	(664)	(2,425)	(46)	(3,135)
Net asset transfer from affiliates	7,092	16,602	9,764	33,458
Balances at end of year	\$ 26,405	\$ 28,296	44,491	\$ 99,192
Balances at end of year			44,491	
Beneficial interest in perpetual trust			8,590	
Permanently restricted net assets			\$ 53,081	

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10. Long-Term Debt

A summary of long-term debt at June 30, 2016 and 2015 follows:

<i>(in thousands of dollars)</i>	2016	2015
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2015A, principal maturing in varying annual amounts, through August 2031 (1)	\$ 86,710	\$ -
Series 2013, principal maturing in varying annual amounts, through August 2043 (9)*	19,230	17,668
Series 2011, principal maturing in varying annual amounts, through August 2031 (6)	-	90,005
Vermont Educational and Health Buildings Financing Agency (VEHFBA) Revenue Bonds		
Series 2010A, principal maturing in varying annual amounts, through August 2030 (11)*	7,881	8,182
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2014A, principal maturing in varying annual amounts, through August 2022 (3)	28,860	26,960
Series 2014B, principal maturing in varying annual amounts, through August 2033 (3)	14,530	14,530
Series 2012A, principal maturing in varying annual amounts, through August 2031 (4)	72,720	73,725
Series 2012B, principal maturing in varying annual amounts, through August 2031 (4)	39,900	40,455
Series 2012, principal maturing in varying annual amounts, through July 2039 (10)*	27,490	28,818
Series 2010, principal maturing in varying annual amounts, through August 2040 (7)	75,000	75,000
Series 2010, principal maturing in varying annual amounts, through August 2040 (12)	16,287	
Series 2009, principal maturing in varying annual amounts, through August 2038 (8)	63,370	68,970
*Represents nonobligated group bonds		
Other		
Revolving Line of Credit, principal maturing through March 2019 (2)	49,750	-
Series 2012, principal maturing in varying annual amounts, through July 2025 (5)	140,000	144,000
Note payable to a financial institution payable in interest free monthly installments through July 2015; collateralized by associated equipment	313	4
Note payable to a financial institution due in monthly interest only payments from October 2011 through September 2012, and monthly installments from October 2018 through 2018, including principal and interest at 3.25%; collateralized by savings account	2,952	1,915
Note payable to a financial institution payable in interest free entire principal due June 2029 collateralized by land and building	494	555
Obligations under capital leases	4,875	3,369
	<u>648,462</u>	<u>594,156</u>
Less		
Original issue discount, net	881	1,493
Current portion	18,307	17,179
	<u>\$ 629,274</u>	<u>\$ 575,484</u>

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Aggregate annual principal payments required under revenue bond agreements and capital lease obligations for the next five years and thereafter ending June 30 are as follows:

<i>(in thousands of dollars)</i>	2016
2017	\$ 18,307
2018	19,117
2019	69,159
2020	20,262
2021	20,290
Thereafter	501,327
	<u>\$ 648,462</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Bonds

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of MHMH and DHC.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive of which are the Annual Debt Service Coverage Ratio (1.10x) and the Days Cash on Hand Ratio (> 75 days).

(1) Series 2015A Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2015A in September 2015 through a private placement with a financial institution. The Series 2015A Revenue Bonds were primarily used to refinance a portion of the Series 2011 Revenue Bonds and to cover cost of issuance. The Series 2015A Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.11%

(2) Revolving Line of Credit

Through the DHOG, entered into Revolving Line of Credit TD Bank, N.A. (TD Bank). Interest on the TD Bank loan accrues variably and matures at various dates through March 2019. The variable rate as of June 30 2016 was 1.04%

(3) Series 2014A and Series 2014B Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

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(4) Series 2012A and 2012B Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2012A and Series 2012B in November 2012. The proceeds from the Series 2012A and 2012B were used to advance refund the Series 2002 Revenue Bonds and to cover cost of issuance. Interest on the 2012A Revenue Bonds is fixed with an interest rate of 2.29% and matures at various dates through 2031. Interest on the Series 2012B Revenue Bonds is fixed with an interest rate of 2.33% and matures at various dates through 2031.

(5) Series 2012 Bank Loan

Through the DHOG, issued the Bank of America, N.A. Series 2012 note, in July 2012. The proceeds from the Series 2012 note were used to prefund the D-H defined benefit pension plan. Interest on the Series 2012 note accrues at a fixed rate of 2.47% and matures at various dates through 2025.

(6) Series 2011 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2011 in August 2011. The proceeds from the Series 2011 Revenue Bonds were primarily used to advance refund the Series 2001A Revenue Bonds. The Series 2011 Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.04%. The Series 2011 Bonds are callable by the bank upon the end of seven years or may be renegotiated at that time. These bonds were paid with the proceeds of the Series 2015A Revenue Bonds.

(7) Series 2010 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2010, in June 2010. The proceeds from the Series 2010 Revenue Bonds were primarily used to construct a 140,000 square foot ambulatory care facility in Nashua, NH as well as various equipment. Interest on the bonds accrue at a fixed rate of 5.00% and mature at various dates through August 2040.

(8) Series 2009 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2009, in August 2009. The proceeds from the Series 2009 Revenue Bonds were primarily used to advance refund the Series 2008 Revenue Bonds. Interest on the Series 2009 Revenue Bonds accrue at varying fixed rates between 3.00% and 6.00% and mature at various dates through August 2038. Outstanding joint and several indebtedness of the DHOG at June 30, 2016 and 2015 approximates \$568,940,000 and \$533,645,000, respectively.

Non Obligated Group Bonds

(9) Series 2013 Revenue Bonds

Issued through the NHHEFA \$15,520,000 tax exempt Revenue Bonds (Series 2013A). The Series 2013A funds were used to refund Series 2007 Revenue Bonds. Additional borrowings were obtained (up to \$9,480,000 Revenue Bonds, Series 2013B) for the construction of a new health center building in Newport, NH. The bonds are collateralized by the gross receipts and property. The bonds mature in variable amounts through 2043, the maturity date of the bonds, but are subject to mandatory tender in ten years. Interest is payable monthly and is equal to the sum of .72 times the Adjusted LIBOR Rate plus .72 times the credit spread rate. As part of the bond refinancing, the swap arrangement was effectively terminated for federal tax purposes with respect to the Series 2007 Revenue Bonds but remains in effect.

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(10) Series 2012 Revenue Bonds

Issued through the NHHEFA \$29,650,000 of tax-exempt Revenue Bonds (Series 2012). The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds are collateralized by an interest in its gross receipts under the terms of the bond agreement. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%). Principal is payable in annual installments ranging from \$735,000 to \$1,750,000 through July 2039.

(11) Series 2010A Revenue Bonds

Issued through the VEHBFA \$9,244,000 of Revenue Bonds (Series 2010A). The funds were used to refund 2004 and 2005 Series A Bonds. The bonds are collateralized by gross receipts. The bonds shall bear interest at the one-month LIBOR rate plus 3.50%, multiplied by 6% adjusting monthly. The interest rate at June 30, 2016 was 2.48%. The bonds were purchased by TD Bank on March 1, 2010. Principal payments began on April 1, 2010 for a period of 20 years ranging in amounts from \$228,000 in 2014 to \$207,000 in 2030.

(12) Series 2010 Revenue Bonds

Issued through the Business Finance Authority (BFA) of the State of NH. Interest is based on an annual percentage rate equal to the sum of (a) 69% of the 1-Month LIBOR rate plus (b) 1.8975//5. APD may prepay certain of these bonds according to the terms of the loan and trust agreement. The bonds are redeemable at any time by APD at par value plus any accrued interest. The bonds are also subject to optional tender for purchase (as a whole) in November 2020 at par plus accrued interest.

The estimated fair value of the Health Systems total long-term debt as of June 30, 2016 and 2015 was approximately \$620,217,000 and \$606,772,000, respectively, which was determined by discounting the future cash flows of each instrument at rates that reflect rates currently observed in publicly traded debt markets for debt of similar terms to organizations with comparable credit risk. The inputs to the assumptions used to determine the estimated fair value are based on observable inputs and are classified as Level 2. For variable rate debt, the carrying value is equal to the fair value.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$1,950,000 and \$1,778,000 at June 30, 2016 and 2015, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets.

For the years ended June 30, 2016 and 2015 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately 19,301,000 and \$18,442,000 and is included in other nonoperating losses of \$3,201,000 and \$3,449,000, respectively.

Swap Agreements

The Health System is subject to market risks such as changes in interest rates that arise from normal business operation. The Health System regularly assesses these risks and has established business strategies to provide natural offsets, supplemented by the use of derivative financial instruments to protect against the adverse effect of these and other market risks. The Health System has established clear policies, procedures, and internal controls governing the use of derivatives and does not use them for trading, investment, or other speculative purposes.

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A summary of the Health System's derivative financial instruments is as follows:

- A Fixed Payor Swap designed as a cash flow hedge of the NHHEFA Series 2011 Revenue Bonds. The Swap had an initial notional amount of \$91,040,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 4.56% in exchange for the counterparty's payment of 67% of USD-LIBOR-BBA. The Swap's term matches that of the associated bonds.
- An Interest Rate Swap to hedge the interest rate risk associated with the NHHEFA Series 2013 Revenue Bonds. The Swap had an initial notional amount of \$15,000,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 3.94% in exchange for the counterparty's payment at 67% of USD-LIBOR-BBA. The Swap term matches that of the associated bonds.
- An Interest Rate Swap to hedge the interest rate risk associated with the VEHFBA Series 2010A Revenue Bonds. The Swap had an initial notional amount of \$7,244,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 2.41% in exchange for the counterparty's payment of 69% of USD-LIBOR-BBA. The Swap is outstanding until 2017, while the bonds will remain outstanding until 2030.

The obligation of the Health System to make payments on its bonds with respect to interest is in no way conditional upon the Health System's receipt of payments from the interest rate swap agreement counterparty.

At June 30, 2016 and 2015 the fair value of the Health System's interest rate swaps was a liability of \$28,917,000 and \$24,740,000, respectively. The change in fair value during the years ended June 30, 2016 and 2015 was a decrease of \$4,177,000 and \$327,000, respectively. For the years ended June 30, 2016 and 2015 the Health System recognized a nonoperating gain of \$1,696,000 and 1,035,000 resulting from hedge ineffectiveness and amortization of frozen swaps.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain affiliates provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen or have been approved by the applicable Board of Trustees to be frozen by December 31, 2017. Effective with that date, the last of the participants earning benefits in any of the Health System's defined benefit plans will no longer earn benefits under the plans.

The Health System continued to execute the settlement of obligations due to retirees in the deferred benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

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Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Service cost for benefits earned during the year	\$ 11,084	\$ 12,257
Interest cost on projected benefit obligation	48,036	42,276
Expected return on plan assets	(63,479)	(60,458)
Net prior service cost	848	380
Net loss amortization	26,098	21,133
Special/contractual termination benefits	300	56
	<u>\$ 22,887</u>	<u>\$ 15,644</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.30 % – 4.90%	4.40 % – 4.90 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50 %
Expected long-term rate of return on plan assets	7.50 % – 7.75 %	7.50 % – 7.75 %

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The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 988,143	\$ 877,082
Additional benefit obligation resulting from new affiliations	-	95,314
Total benefit obligation at beginning of year	<u>988,143</u>	<u>972,396</u>
Service cost	11,084	12,257
Interest cost	48,108	42,276
Benefits paid	(39,001)	(34,803)
Expenses paid	(180)	(139)
Actuarial (gain) loss	99,040	41,079
Settlements	(13,520)	(44,979)
Plan change	2,645	-
Special/contractual termination benefits	300	56
Benefit obligation at end of year	<u>1,096,619</u>	<u>988,143</u>
Change in plan assets		
Fair value of plan assets at beginning of year	845,052	783,890
Additional plan assets at fair value resulting from new affiliations	-	77,608
Total fair value of plan assets at beginning of year	<u>845,052</u>	<u>861,498</u>
Actual return on plan assets	81,210	25,473
Benefits paid	(42,494)	(34,803)
Expenses paid	(180)	(139)
Employer contributions	2,252	38,002
Settlements	(13,520)	(44,979)
Fair value of plan assets at end of year	<u>872,320</u>	<u>845,052</u>
Funded status of the plans	<u>(224,299)</u>	<u>(143,091)</u>
Current portion of liability for pension	<u>(46)</u>	<u>(46)</u>
Long term portion of liability for pension	<u>(224,253)</u>	<u>(143,045)</u>
Liability for pension	<u>\$ (224,299)</u>	<u>\$ (143,091)</u>

For the years ended June 30, 2016 and 2015 the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

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Amounts not yet reflected in net periodic pension expense and included in the change in unrestricted net assets as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Net actuarial loss	\$ 423,640	\$ 368,959
Prior service cost	228	608
	<u>\$ 423,868</u>	<u>\$ 369,567</u>

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension expense in 2017 are as follows:

<i>(in thousands of dollars)</i>	
Unrecognized prior service cost	\$ 182
Net actuarial loss	30,515
	<u>\$ 30,697</u>

The accumulated benefit obligation for the defined benefit pension plans was approximately \$1,082,818,000 and \$971,193,000 at June 30, 2016 and 2017, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.20 % - 4.30 %	4.90 % - 5.00 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50
Expected long-term rate of return on plan assets	7.50 % - 7.75 %	7.50 % - 7.75 %

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2016 and 2015, it is expected that the LDI strategy will hedge approximately 65% and 65%, respectively, of the interest rate risk associated with pension liabilities. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

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The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	2%
U.S. government securities	0–5	1
Domestic debt securities	20–58	42
Global debt securities	6–26	10
Domestic equities	5–35	18
International equities	5–15	10
Emerging market equities	3–13	5
REIT funds	0–5	0
Private equity funds	0–5	0
Hedge funds	5–18	12

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or 3, even though the underlying securities may not be difficult to value or may be readily marketable.

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The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 5,463	\$ 10,879	\$ -	\$ 16,342	Daily	1
U.S. government securities	4,177	-	-	4,177	Daily-Monthly	1-15
Domestic debt securities	95,130	296,362	-	391,492	Daily-Monthly	1-15
Global debt securities	409	88,589	-	88,998	Daily-Monthly	1-15
Domestic equities	148,998	15,896	-	164,894	Daily-Monthly	1-10
International equities	12,849	77,299	-	90,148	Daily-Monthly	1-11
Emerging market equities	352	37,848	-	38,200	Daily-Monthly	1-17
REIT funds	356	1,465	-	1,821	Daily-Monthly	1-17
Private equity funds	-	-	255	255	See Note 7	See Note 7
Hedge funds	-	37,005	38,988	75,993	Quarterly-Annual	60-96
Total investments	\$ 267,734	\$ 565,343	\$ 39,243	\$ 872,320		

<i>(in thousands of dollars)</i>	2015				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 8,235	\$ 32,876	\$ -	\$ 41,111	Daily	1
U.S. government securities	4,193	-	-	4,193	Daily-Monthly	1-15
Domestic debt securities	85,948	246,352	-	332,300	Daily-Monthly	1-15
Global debt securities	36,532	45,119	-	81,651	Daily-Monthly	1-15
Domestic equities	152,458	16,532	-	168,990	Daily-Monthly	1-10
International equities	15,284	79,659	-	94,943	Daily-Monthly	1-11
Emerging market equities	376	38,237	-	38,613	Daily-Monthly	1-17
REIT funds	-	1,628	-	1,628	Daily-Monthly	1-17
Private equity funds	-	-	437	437	See Note 7	See Note 7
Hedge funds	-	39,110	42,076	81,186	Quarterly-Annual	60-96
Total investments	\$ 303,026	\$ 499,513	\$ 42,513	\$ 845,052		

The following table presents additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 42,076	\$ 437	\$ 42,513
Transfers	-	-	-
Purchases	-	-	-
Sales	(468)	(142)	(610)
Net realized (losses) gains	(55)	155	100
Net unrealized gains	(2,565)	(195)	(2,760)
Balances at end of year	\$ 38,988	\$ 255	\$ 39,243

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<i>(in thousands of dollars)</i>	2015		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 28,466	\$ 3,944	\$ 32,410
Additions resulting from new affiliations	14,362	-	14,362
Sales	(2,391)	(3,168)	(5,559)
Net realized (losses) gains	(246)	258	12
Net unrealized gains	1,885	(597)	1,288
Balances at end of year	\$ 42,076	\$ 437	\$ 42,513

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2016 and 2015 were approximately \$8,808,000 and \$5,234,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2016 and 2015.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

The weighted average asset allocation for the Health System's Plans at June 30, 2016 and 2015 by asset category is as follows:

	2016	2015
Cash and short-term investments	2 %	5 %
U.S. government securities	1	-
Domestic debt securities	45	39
Global debt securities	10	10
Domestic equities	19	20
International equities	10	11
Emerging market equities	4	5
Hedge funds	9	10
	<u>100 %</u>	<u>100 %</u>

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.75% per annum.

The Health System is expected to contribute approximately \$47,000,000 to the Plans in 2017 however actual contributions may vary from expected amounts.

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The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2017 and thereafter:

<i>(in thousands of dollars)</i>	Pension Plans
2017	\$ 42,067
2018	44,485
2019	47,235
2020	50,490
2021	53,778
2022 – 2026	310,773

Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its affiliates, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$29,416,000 and \$30,204,000 in 2016 and 2015, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

The Health System also has available to employees of certain affiliates various 403(b) and tax-sheltered annuity plans in which they can participate. Plan specifications vary by affiliate and plan. No employer contributions were made to any of these plans in 2016 and 2015, respectively.

Postretirement Medical and Life Benefits

The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Service cost	\$ 544	\$ 527
Interest cost	2,295	2,347
Amortization net prior service income	(5,974)	-
Amortization net loss	610	-
	<u>\$ (2,525)</u>	<u>\$ 2,874</u>

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The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 50,438	\$ 51,006
Additional benefit obligation resulting from new affiliations	-	471
	<u>50,438</u>	<u>51,477</u>
Service cost	544	527
Interest cost	2,295	2,347
Benefits paid	(3,277)	(5,236)
Actuarial loss	1,404	1,323
Employer contributions	(34)	-
Benefit obligation at end of year	<u>51,370</u>	<u>50,438</u>
Funded status of the plans	<u>(51,370)</u>	<u>(50,438)</u>
Current portion of liability for postretirement medical and life benefits	<u>(3,130)</u>	<u>(3,203)</u>
Long term portion of liability for postretirement medical and life benefits	<u>(48,240)</u>	<u>(47,235)</u>
Liability for postretirement medical and life benefits	<u>\$ (51,370)</u>	<u>\$ (50,438)</u>

During the year ended June 30, 2015 the plan amendments were primarily related to the Board's decision to offer retiree health care benefits to certain affiliates post-65 retirees and covered post-65 dependents through a private Medicare exchange beginning in April 2015.

For the years ended June 30, 2016 and 2015 the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in unrestricted net assets are as follows:

<i>(in thousands of dollars)</i>	2016	2015
Net prior service income	\$ (27,478)	\$ (33,452)
Net actuarial loss	11,080	10,260
	<u>\$ (16,398)</u>	<u>\$ (23,192)</u>

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The estimated amounts that will be amortized from unrestricted net assets into net periodic postretirement income in 2016 and 2015 are as follows:

<i>(in thousands of dollars)</i>	2016	2015
Net prior service income	\$ (5,974)	\$ (5,974)
Net loss	<u>689</u>	<u>610</u>
	<u>\$ (5,285)</u>	<u>\$ (5,364)</u>

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 4.10% in 2016 and an assumed healthcare cost trend rate of 7.25%, trending down to 4.75% in 2021 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by \$4,685,000 and \$4,479,000 and the net periodic postretirement medical benefit cost for the years then ended by \$284,000 and \$275,000, respectively. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by \$3,884,000 and \$3,790,000 and the net periodic postretirement medical benefit cost for the years then ended by \$234,000 and \$233,000, respectively.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College and Cheshire are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

APD, NLH and MAHHC are covered for malpractice claims under a modified claims-made policy purchased through NEAH. While APD, NLH and MAHHC remain in the current insurance program under this policy, the coverage year is based on the date the claim is filed; subject to a medical incident arising after the retroactive date (includes prior acts). The policy provides modified claims-made coverage for former insured providers for claims that relate to the employee's period of employment at APD, NLH or MAHHC and for services that were provided within the scope of the employee's duties. Therefore, when the employee leaves the corporation, tail coverage is not required.

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Selected financial data of HAC and RRG, taken from the latest available audited and unaudited financial statements, respectively at June 30, 2016 and 2015 are summarized as follows:

<i>(in thousands of dollars)</i>	2016		
	HAC <i>(audited)</i>	RRG <i>(unaudited)</i>	Total
Assets	\$ 86,101	\$ 2,237	\$ 88,338
Shareholders' equity	13,620	806	14,426
Net income	-	50	50

<i>(in thousands of dollars)</i>	2015		
	HAC <i>(audited)</i>	RRG <i>(unaudited)</i>	Total
Assets	\$ 100,418	\$ 2,289	\$ 102,707
Shareholders' equity	13,620	755	14,375
Net income	-	186	186

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Operating Leases and Other Commitments

The Health System leases certain facilities and equipment under operating leases with varying expiration dates. The Health System's rental expense totaled approximately \$10,571,000 and \$10,215,000 for the years ended June 30, 2016 and 2015, respectively. Minimum future lease payments under noncancelable operating leases at June 30, 2016 were as follows:

<i>(in thousands of dollars)</i>	
2017	\$ 8,441
2018	6,210
2019	4,062
2020	2,663
2021	2,009
Thereafter	274
	<u>\$ 23,659</u>

Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from \$2,000,000 up to \$85,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire ranging from December 31, 2015 through July 31, 2016. The Health System has outstanding balances under the lines of credits in the amount of \$36,550,000 and \$1,200,000 at

Dartmouth-Hitchcock Health and Subsidiaries
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June 30, 2016 and 2015, respectively. Interest expense was approximately \$551,000 and \$193,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses of the Health System by function are as follows for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Program services	\$ 1,553,377	\$ 1,335,316
Management and general	271,409	225,983
Fundraising	5,901	8,037
	<u>\$ 1,830,687</u>	<u>\$ 1,569,336</u>

15. Subsequent Events

The Health System has assessed the impact of subsequent events through November 26, 2016, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

The Visiting Nurse and Hospice for VT and NH (VNH) became an affiliate of D-HH effective July 1, 2016. The affiliation is designed to improve healthcare for the communities served by VNH and D-H by facilitating collaboration, innovation and cost efficiencies between D-H and VNH. The VNH is a non-profit organization that has provided home health and hospice care services in VT and NH since 1907. The agency is dedicated to delivering outstanding home and community based health and hospice services that enrich the lives of the people they serve. The VNH makes home visits to people of all ages and all states of life regardless of the ability to pay.

Effective October 1, 2016, NLH and MAHHC will be provided professional and general liability insurance through the Hamden Assurance Risk Retention Group, Inc. (RRG) under a modified claims made policy. NLH and MAHHC will join RRG along with existing insureds D-H, Cheshire Medical Center and Dartmouth College.

During the year ended June 30, 2016, Dartmouth College restructured a number of activities at the Geisel School of Medicine (Geisel) to address increasing financial constraints, to improve Geisel's education and research programs, and to align resources and support for these activities. These changes included migration of the operations and fiscal responsibility for clinical academic activities from Dartmouth College to D-H, which included responsibility for the employment, finances, and operational support for clinical research programs. D-H agreed to assume responsibility for the clinical practice of psychiatry and employment of approximately 250 staff (which are either part of the psychiatry practice or clinical research) effective July 1, 2016.

Effective July 1, 2016, NLH, MAHHC and Cheshire were admitted to the Dartmouth-Hitchcock Obligated Group. In connection with the admission of these three members, the Dartmouth-Hitchcock Obligated Group assumed new debt in the amount of \$28,039,000 from Cheshire. In addition, \$24,605,000 of NLH debt was refinanced in combination with new debt in the amount \$10,970,000 to fund the new Williamson Building.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
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<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Assets								
Current assets								
Cash and cash equivalents	\$ 607	\$ 2,066	\$ 16,640	\$ 6,699	\$ 5,388	\$ 9,192	\$ -	\$ 40,592
Patient accounts receivable, net	-	220,173	17,836	7,377	5,347	10,255	-	260,988
Prepaid expenses and other current assets	7,463	95,738	5,458	3,209	2,022	4,863	(22,933)	95,820
Total current assets	8,070	317,977	39,934	17,285	12,757	24,310	(22,933)	397,400
Assets limited as to use								
Other investments for restricted activities	217	114,719	18,486	2,843	5,742	29	-	142,036
Property, plant, and equipment, net	76	457,570	75,591	43,204	19,659	16,464	-	612,564
Other assets	17,950	68,921	9,794	5,409	3,943	111	(14,929)	91,199
Total assets	\$ 26,313	\$ 1,510,911	\$ 161,330	\$ 79,086	\$ 50,361	\$ 45,528	\$ (37,862)	\$ 1,835,667
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt	\$ -	\$ 15,638	\$ 755	\$ 941	\$ 466	\$ 507	\$ -	\$ 18,307
Line of credit	-	35,000	-	-	1,550	-	-	36,550
Current portion of liability for pension and other postretirement plan benefits	-	3,176	-	-	-	-	-	3,176
Accounts payable and accrued expenses	9,857	88,557	15,866	6,791	4,589	4,817	(22,933)	107,544
Accrued compensation and related benefits	-	86,997	7,728	2,052	3,128	3,649	-	103,554
Estimated third-party settlements	-	21,434	1,569	5,206	917	1,424	-	30,550
Total current liabilities	9,857	250,802	25,918	14,990	10,650	10,397	(22,933)	299,681
Long-term debt, excluding current portion	-	553,229	27,283	21,148	11,159	16,455	-	629,274
Insurance deposits and related liabilities	-	56,887	-	-	-	-	-	56,887
Interest rate swaps	-	24,148	-	4,646	123	-	-	28,917
Liability for pension and other postretirement plan benefits, excluding current portion	-	246,816	18,662	-	7,015	-	-	272,493
Other liabilities	-	54,218	3,522	1,135	-	36	-	58,911
Total liabilities	9,857	1,186,100	75,385	41,919	28,947	26,888	(22,933)	1,346,163
Commitments and contingencies								
Net assets								
Unrestricted	16,456	234,609	58,978	32,706	14,099	18,264	(14,929)	360,183
Temporarily restricted	-	57,091	16,454	345	1,496	345	-	75,731
Permanently restricted	-	33,111	10,513	4,116	5,819	31	-	53,590
Total net assets	16,456	324,811	85,945	37,167	21,414	18,640	(14,929)	489,504
Total liabilities and net assets	\$ 26,313	\$ 1,510,911	\$ 161,330	\$ 79,086	\$ 50,361	\$ 45,528	\$ (37,862)	\$ 1,835,667

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Consolidating Balance Sheets
June 30, 2016

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	\$ 1,535	\$ 176	\$ 355	\$ -	\$ 2,066
Patient accounts receivable, net	220,173	-	-	-	220,173
Prepaid expenses and other current assets	95,158	487	93	-	95,738
Total current assets	<u>316,866</u>	<u>663</u>	<u>448</u>	<u>-</u>	<u>317,977</u>
Assets limited as to use	551,724	-	-	-	551,724
Other investments for restricted activities	91,879	22,840	-	-	114,719
Property, plant, and equipment, net	454,894	1	2,675	-	457,570
Other assets	68,752	4	165	-	68,921
Total assets	<u>\$ 1,484,115</u>	<u>\$ 23,508</u>	<u>\$ 3,288</u>	<u>\$ -</u>	<u>\$ 1,510,911</u>
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	\$ 15,638	\$ -	\$ -	\$ -	\$ 15,638
Line of Credit	35,000	-	-	-	35,000
Current portion of liability for pension and other postretirement plan benefits	3,176	-	-	-	3,176
Accounts payable and accrued expenses	87,373	1,181	3	-	88,557
Accrued compensation and related benefits	86,997	-	-	-	86,997
Estimated third-party settlements	21,434	-	-	-	21,434
Total current liabilities	<u>249,618</u>	<u>1,181</u>	<u>3</u>	<u>-</u>	<u>250,802</u>
Long-term debt, excluding current portion	553,229	-	-	-	553,229
Insurance deposits and related liabilities	56,887	-	-	-	56,887
Interest rate swaps	24,148	-	-	-	24,148
Liability for pension and other postretirement plan benefits, excluding current portion	246,816	-	-	-	246,816
Other liabilities	54,218	-	-	-	54,218
Total liabilities	<u>1,184,916</u>	<u>1,181</u>	<u>3</u>	<u>-</u>	<u>1,186,100</u>
Commitments and contingencies					
Net assets					
Unrestricted	217,033	14,456	3,120	-	234,609
Temporarily restricted	51,173	5,753	165	-	57,091
Permanently restricted	30,993	2,118	-	-	33,111
Total net assets	<u>299,199</u>	<u>22,327</u>	<u>3,285</u>	<u>-</u>	<u>324,811</u>
Total liabilities and net assets	<u>\$ 1,484,115</u>	<u>\$ 23,508</u>	<u>\$ 3,288</u>	<u>\$ -</u>	<u>\$ 1,510,911</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2015

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Assets							
Current assets							
Cash and cash equivalents	\$ 388	\$ 9,279	\$ 16,525	\$ 7,612	\$ 5,105	\$ -	\$ 38,909
Patient accounts receivable, net	-	177,287	14,053	7,388	5,544	-	204,272
Prepaid expenses and other current assets	11,574	102,954	7,921	3,632	2,616	(28,111)	100,586
Total current assets	11,962	289,520	38,499	18,632	13,265	(28,111)	343,767
Assets limited as to use	-	570,057	23,302	13,412	13,654	-	620,425
Other investments for restricted activities	-	113,117	18,899	-	-	-	132,016
Property, plant, and equipment, net	618	461,044	82,793	37,597	19,303	-	601,355
Other assets	4,263	66,837	10,130	5,451	3,903	(2,134)	88,450
Total assets	\$ 16,843	\$ 1,500,575	\$ 173,623	\$ 75,092	\$ 50,125	\$ (30,245)	\$ 1,786,013
Liabilities and Not Assets							
Current liabilities							
Current portion of long-term debt	\$ -	\$ 15,196	\$ 952	\$ 661	\$ 370	\$ -	\$ 17,179
Line of credit	-	-	-	-	1,200	-	1,200
Current portion of liability for pension and other postretirement plan benefits	-	3,249	-	-	-	-	3,249
Accounts payable and accrued expenses	15,708	104,697	20,024	3,843	4,059	(28,110)	120,221
Accrued compensation and related benefits	-	85,064	4,936	2,373	2,491	-	94,864
Estimated third-party settlements	-	26,961	-	6,755	2,883	-	36,599
Total current liabilities	15,708	235,167	25,912	13,632	11,003	(28,110)	273,312
Long-term debt, excluding current portion	-	518,799	28,083	18,020	10,582	-	575,484
Insurance deposits and related liabilities	-	62,356	-	-	-	-	62,356
Interest rate swaps	-	20,937	-	3,531	272	-	24,740
Liability for pension and other postretirement plan benefits, excluding current portion	-	175,948	8,374	-	5,958	-	190,280
Other liabilities	-	51,303	3,671	1,135	-	-	56,109
Total liabilities	15,708	1,064,510	66,040	36,318	27,815	(28,110)	1,182,281
Commitments and contingencies							
Net assets							
Unrestricted	1,135	346,900	79,700	34,227	14,367	(2,135)	474,194
Temporarily restricted	-	56,751	17,330	326	2,050	-	76,457
Permanently restricted	-	32,414	10,553	4,221	5,893	-	53,081
Total net assets	1,135	436,065	107,583	38,774	22,310	(2,135)	603,732
Total liabilities and net assets	\$ 16,843	\$ 1,500,575	\$ 173,623	\$ 75,092	\$ 50,125	\$ (30,245)	\$ 1,786,013

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2015

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	\$ 8,252	\$ 182	\$ 845	\$ -	\$ 9,279
Patient accounts receivable, net	177,287	-	-	-	177,287
Prepaid expenses and other current assets	102,425	338	438	(247)	102,954
Total current assets	287,964	520	1,283	(247)	289,520
Assets limited as to use	570,057	-	-	-	570,057
Other investments for restricted activities	89,176	23,941	-	-	113,117
Property, plant, and equipment, net	458,368	1	2,675	-	461,044
Other assets	66,675	3	159	-	66,837
Total assets	\$ 1,472,240	\$ 24,465	\$ 4,117	\$ (247)	\$ 1,500,575
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	\$ 15,196	\$ -	\$ -	\$ -	\$ 15,196
Current portion of liability for pension and other postretirement plan benefits	3,249	-	-	-	3,249
Accounts payable and accrued expenses	102,666	1,536	742	(247)	104,697
Accrued compensation and related benefits	85,064	-	-	-	85,064
Estimated third-party settlements	26,961	-	-	-	26,961
Total current liabilities	233,136	1,536	742	(247)	235,167
Long-term debt, excluding current portion	518,799	-	-	-	518,799
Insurance deposits and related liabilities	62,356	-	-	-	62,356
Interest rate swaps	20,937	-	-	-	20,937
Liability for pension and other postretirement plan benefits, excluding current portion	175,948	-	-	-	175,948
Other liabilities	51,303	-	-	-	51,303
Total liabilities	1,062,479	1,536	742	(247)	1,064,510
Commitments and contingencies					
Net assets					
Unrestricted	329,168	14,517	3,215	-	346,900
Temporarily restricted	50,297	6,294	160	-	56,751
Permanently restricted	30,296	2,118	-	-	32,414
Total net assets	409,761	22,929	3,375	-	436,065
Total liabilities and net assets	\$ 1,472,240	\$ 24,465	\$ 4,117	\$ (247)	\$ 1,500,575

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2016

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Unrestricted revenue and other support								
Net patient service revenue	\$ -	\$ 1,346,605	\$ 161,787	\$ 59,789	\$ 46,431	\$ 20,103	\$ (561)	\$ 1,634,154
Contracted revenue	1,696	64,286	-	-	-	-	-	65,982
Other operating revenue	3,300	71,475	3,187	3,509	4,555	870	(4,544)	82,352
Net assets released from restrictions	-	8,713	322	65	119	-	-	9,219
Total unrestricted revenue and other support	4,996	1,491,079	165,296	63,363	51,105	20,973	(5,105)	1,791,707
Operating expenses								
Salaries	730	732,393	60,406	29,873	24,019	10,408	14,636	872,465
Employee benefits	219	197,165	19,276	6,824	6,260	2,130	2,533	234,407
Medical supplies and medications	-	236,918	59,121	6,597	4,246	2,932	-	309,814
Purchased services and other	22,506	211,611	14,020	12,876	11,955	4,377	(22,204)	255,141
Medicaid enhancement tax	-	46,078	7,132	2,808	1,707	840	-	58,565
Depreciation and amortization	15	62,348	11,069	4,674	2,345	543	-	80,994
Interest	-	16,821	1,046	823	467	144	-	19,301
Total operating expenses	23,470	1,503,334	172,070	64,475	50,999	21,374	(5,035)	1,830,687
Operating (loss) margin	(18,474)	(12,255)	(6,774)	(1,112)	106	(401)	(70)	(38,980)
Nonoperating gains (losses)								
Investment (losses) gains	(1,027)	(18,848)	(1,075)	627	(15)	235	-	(20,103)
Other, net	(529)	(3,647)	-	57	205	-	69	(3,845)
Contribution revenue from acquisition	18,083	-	-	-	-	-	-	18,083
Total nonoperating gains (losses), net	16,527	(22,495)	(1,075)	684	190	235	69	(5,865)
(Deficiency) excess of revenue over expenses	(1,947)	(34,750)	(7,849)	(428)	296	(166)	(1)	(44,845)
Unrestricted net assets								
Net assets released from restrictions (Note 8)	-	2,185	107	23	586	347	-	3,248
Change in funded status of pension and other postretirement benefits	-	(52,262)	(12,982)	-	(1,297)	-	-	(66,541)
Net assets transferred to (from) affiliates	4,475	(22,558)	-	-	-	18,083	-	-
Additional paid in capital	12,793	-	-	-	-	-	(12,793)	-
Change in fair value on interest rate swaps	-	(4,907)	-	(1,115)	149	-	-	(5,873)
Increase (decrease) in unrestricted net assets	\$ 15,321	\$ (112,292)	\$ (20,724)	\$ (1,520)	\$ (266)	\$ 18,264	\$ (12,794)	\$ (114,011)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2016

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,346,605	\$ -	\$ -	\$ -	\$ 1,346,605
Contracted revenue	63,188	1,578	-	(480)	64,286
Other operating revenue	69,902	1,957	550	(934)	71,475
Net assets released from restrictions	7,928	785	-	-	8,713
Total unrestricted revenue and other support	1,487,623	4,320	550	(1,414)	1,491,079
Operating expenses					
Salaries	731,721	-	-	672	732,393
Employee benefits	197,050	-	-	115	197,165
Medical supplies and medications	236,918	-	-	-	236,918
Purchased services and other	208,763	4,261	646	(2,059)	211,611
Medicaid enhancement tax	46,078	-	-	-	46,078
Depreciation and amortization	62,348	-	-	-	62,348
Interest	16,821	-	-	-	16,821
Total operating expenses	1,499,699	4,261	646	(1,272)	1,503,334
Operating (loss) margin	(12,076)	59	(96)	(142)	(12,255)
Nonoperating gains (losses)					
Investment losses	(18,537)	(311)	-	-	(18,848)
Other, net	(3,789)	-	-	142	(3,647)
Total nonoperating (losses) gains, net	(22,326)	(311)	-	142	(22,495)
Deficiency of revenue over expenses	(34,402)	(252)	(96)	-	(34,750)
Unrestricted net assets					
Net assets released from restrictions (Note 8)	1,994	191	-	-	2,185
Change in funded status of pension and other postretirement benefits	(52,262)	-	-	-	(52,262)
Net assets transferred from affiliates	(22,558)	-	-	-	(22,558)
Change in fair value on interest rate swaps	(4,907)	-	-	-	(4,907)
Decrease in unrestricted net assets	\$ (112,135)	\$ (61)	\$ (96)	\$ -	\$ (112,292)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2015

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	NLH and Subsidiaries	Cheshire and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Unrestricted revenue and other support							
Net patient service revenue	\$ -	\$ 1,225,872	\$ 56,356	\$ 52,536	\$ 46,102	\$ (307)	\$ 1,380,559
Contracted revenue	-	82,091	-	-	-	(1,256)	80,835
Other operating revenue	12,203	69,663	3,063	1,076	3,526	(6,538)	82,993
Net assets released from restrictions	-	15,314	111	212	-	-	15,637
Total unrestricted revenue and other support	12,203	1,392,940	59,530	53,824	49,628	(8,101)	1,560,024
Operating expenses							
Salaries	960	696,358	27,562	20,949	24,076	8,482	778,387
Employee benefits	263	195,271	5,764	5,724	6,112	1,493	214,627
Medical supplies and medications	139	201,451	5,910	8,712	3,736	19	219,967
Purchased services and other	17,448	180,706	13,317	13,747	11,888	(18,402)	218,704
Medicaid enhancement tax	-	45,839	1,941	2,363	1,853	-	51,996
Depreciation and amortization	75	56,649	4,075	3,436	2,978	-	67,213
Interest	-	16,781	849	357	455	-	18,442
Total operating expenses	18,885	1,393,055	59,418	55,288	51,098	(8,408)	1,569,336
Operating (loss) margin	(6,682)	(115)	112	(1,464)	(1,470)	307	(9,312)
Nonoperating gains (losses)							
Investment (losses) gains	-	(12,011)	625	311	60	-	(11,015)
Other, net	339	(2,880)	1,409	141	57	(307)	(1,241)
Contribution revenue from acquisition	92,499	-	-	-	-	-	92,499
Total nonoperating gains (losses), net	92,838	(14,891)	2,034	452	117	(307)	80,243
Excess (deficiency) of revenue over expenses	86,156	(15,006)	2,146	(1,012)	(1,353)	-	70,931
Unrestricted net assets							
Net assets released from restrictions (Note 8)	-	717	5	1,010	679	-	2,411
Change in funded status of pension and other postretirement benefits	-	(62,977)	-	2,875	(790)	-	(60,892)
Net assets transferred (from) to affiliates	(84,626)	(7,873)	-	76,827	15,672	-	-
Additional paid in capital	600	-	-	-	-	(600)	-
Change in fair value on interest rate swaps	-	(869)	(221)	-	159	-	(931)
Increase (decrease) in unrestricted net assets	\$ 2,130	\$ (86,008)	\$ 1,930	\$ 79,700	\$ 14,387	\$ (600)	\$ 11,519

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2015

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,225,874	\$ -	\$ -	\$ (2)	\$ 1,225,872
Contracted revenue	81,474	847	-	(230)	82,091
Other operating revenue	64,928	2,356	6,482	(4,103)	69,663
Net assets released from restrictions	14,610	704	-	-	15,314
Total unrestricted revenue and other support	1,386,886	3,907	6,482	(4,335)	1,392,940
Operating expenses					
Salaries	695,392	-	-	966	696,358
Employee benefits	195,119	-	-	152	195,271
Medical supplies and medications	201,458	-	-	(7)	201,451
Purchased services and other	172,061	4,079	6,484	(1,918)	180,706
Medicaid enhancement tax	45,839	-	-	-	45,839
Depreciation and amortization	56,649	-	-	-	56,649
Interest	16,781	-	-	-	16,781
Total operating expenses	1,383,299	4,079	6,484	(807)	1,393,055
Operating margin (loss)	3,587	(172)	(2)	(3,528)	(115)
Nonoperating gains (losses)					
Investment (losses) gains	(12,079)	68	-	-	(12,011)
Other, net	(6,408)	-	-	3,528	(2,880)
Total nonoperating (losses) gains, net	(18,487)	68	-	3,528	(14,891)
Deficiency of revenue over expenses	(14,900)	(104)	(2)	-	(15,006)
Unrestricted net assets					
Net assets released from restrictions (Note 8)	454	263	-	-	717
Change in funded status of pension and other postretirement benefits	(62,977)	-	-	-	(62,977)
Net assets transferred from affiliates	(7,873)	-	-	-	(7,873)
Change in fair value on interest rate swaps	(869)	-	-	-	(869)
(Decrease) increase in unrestricted net assets	\$ (86,165)	\$ 159	\$ (2)	\$ -	\$ (86,008)

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Supplemental Consolidating Information
June 30, 2016 and 2015

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in unrestricted net assets of D-HH and subsidiaries. All intercompany accounts and transactions between the D-HH and subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

**DARTMOUTH-HITCHCOCK (D-H)
DARTMOUTH-HITCHCOCK HEALTH (D-HH)**

BOARDS OF TRUSTEES & BOARD OFFICERS | Effective: January 2018

<p>Jeffrey A. Cohen, MD MHMH/DHC Trustee <i>Chair, Dept. of Neurology</i></p>	<p>Robert A. Oden, Jr., PhD MHMH/DHC/D-HH Boards' Vice Chair <i>Retired President, Carleton College</i></p>
<p>Duane A. Compton, PhD MHMH/DHC/D-HH Trustee <i>Ex-officio: Dean, Geisel School of Medicine at Dartmouth</i></p>	<p>Steven A. Paris, MD D-HH Trustee <i>Regional Medical Director, Community Group Practices (CGPs)</i></p>
<p>William J. Conaty MHMH/DHC/D-HH Trustee <i>President, Conaty Consulting, LLC</i></p>	<p>Charles G. Plimpton, MBA MHMH/DHC/D-HH Boards' Treasurer <i>Retired Investment Banker</i></p>
<p>Joanne M. Conroy, MD MHMH/DHC/D-HH Trustee <i>Ex-officio: CEO, Dartmouth-Hitchcock; President, D-HH</i> <u><i>Effective August 7, 2017</i></u></p>	<p>Kari M. Rosenkranz, MD MHMH/DHC (Lebanon Physician) Trustee <i>Associate Professor of Surgery; Medical Director, Comprehensive Breast Program; and Vice Chair for Education, Department of Surgery</i></p>
<p>Vincent S. Conti, MHA MHMH/DHC/D-HH Trustee <i>Retired President & CEO, Maine Medical Center</i></p>	<p>Brian C. Spence, MD, MHCDS MHMH/DHC Trustee <i>Associate Professor of Anesthesiology</i></p>
<p>Denis A. Cortese, MD MHMH/DHC/D-HH Trustee <i>Foundation Professor at Arizona State University (ASU) and Director of ASU's Healthcare Delivery and Policy Program</i></p>	<p>Edward H. Stansfield, III, MA MHMH/DHC/D-HH Trustee <i>Senior Resident Director and Senior Vice President for the Hanover, NH Merrill Lynch Office</i></p>
<p>Barbara J. Couch MHMH/DHC/D-HH Boards' Secretary <i>President of Hypertherm's HOPE Foundation (includes leadership of all of Hypertherm's philanthropic and volunteer initiatives)</i></p>	<p>Pamela Austin Thompson, MS, RN, CENP, FAAN MHMH/DHC/D-HH Trustee <i>Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)</i></p>
<p>Paul P. Danos, PhD MHMH/DHC/D-HH Trustee <i>Dean Emeritus; Laurence F. Whittemore Professor of Business Administration, Tuck School of Business at Dartmouth</i></p>	<p>Anne-Lee Verville MHMH/DHC/D-HH Boards' Chair <i>Retired senior executive, IBM</i></p>
<p>Senator Judd A. Gregg MHMH/DHC Trustee <i>Senior Advisor to SIFMA</i></p>	<p>Jon Wahrenberger, MD MHMH/DHC (Lebanon Physician) Trustee <i>Cardiologist</i></p>
<p>Laura K. Landy, MBA MHMH/DHC/D-HH Trustee <i>President and CEO of the Fannie E. Rippel Foundation</i></p>	<p>Marc B. Wolpow, JD, MBA MHMH/DHC/D-HH Trustee <i>Co-Chief Executive Officer of Audax Group</i></p>

Bridget Stephanie Aliaga, MPH

WORK EXPERIENCE

Dartmouth-Hitchcock Community Health Improvement

Community Health Partnership Coordinator | Upper Valley Region, NH

- Coordinate a multi-discipline community partnership to plan and implement new initiatives related to the system of care for persons affected by substance misuse in the NH Upper Valley region
- Convene community partners to assess gaps in regional care systems, improve coordination of care between providers, plan and develop new or enhanced approaches supporting substance use prevention, intervention, treatment, and recovery

Planned Parenthood of Central and Western New York

Jul 2016 – Jul 2017

Bilingual Outreach and Education Specialist | Buffalo, NY

- Latino community liaison and one of only 2 bilingual educators in the entire CWNYS affiliate
- Developed recruitment/engagement strategies and manage data collection/reporting for the EBP *Familias Hablando Unidas* (Families Talking Together) as a part of a five year \$2m OAH teen pregnancy prevention grant in Erie County
- Cultivated and fostered partnerships with local Latino communities and organizations that serve Latinos to increase reproductive healthcare knowledge and access through
- Assisted in the development, review, selection, ordering and evaluation of tools and materials to enhance community education, training, and programming

The Brain Injury Association of New York State (BIANYS)

Oct 2013 – Aug 2014

Brain Injury and Training Services Program Coordinator | Albany, NY

- Directed program initiatives aimed at increasing public awareness about brain injury with a focus on the unique issues of veterans, children and families impacted by brain injury
- Created presentations, facilitated meetings and webinars, developed/sustained relationships with key stakeholders, organized professional trainings and maintained a prominent community presence through promotion at local events
- Developed evaluation methods and analyzed figures to report success of project activities to NYSDOH

PROFESSIONAL ACTIVITIES

Planned Parenthood of Central and Western New York

Aug 2015 – May 2016

Special Projects Intern | Buffalo, NY

- Assisted in the advancement of PPCWNY's public health initiatives including those in collaboration with multiple health providers and community-based public health improvement projects (DSRIP)

Putnam County Health Department

May 2015 – Aug 2015

Epidemiology and Health Education Department Intern | Brewster, NY

- Lead on the advancement of Public Health Accreditation status through development of "health profiles"
- Established data compilation methods and framework for profile execution
- Independently developed profiles which became the blue print for all future profiles created by PCDOH

EDUCATION

University at Buffalo, State University of New York

MPH, Health Services Administration, Aug 2014 – May 2016

University at Albany, State University of New York

BS, Biology, Aug 2009 – May 2013

SKILLS

Fluent in Spanish, Proficient in Microsoft Office and GoToWebinar, Data Entry, Event Planning, Community Outreach and Engagement, 10+ years customer service/retail, Mental Health First Aid certified, Naloxone trained



DARTHIT-01

DMCDONALD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: Dan McDonald	
	PHONE (A/C, No, Ext): (508) 808-7293	FAX (A/C, No): (866) 235-7129
E-MAIL ADDRESS: dan.mcdonald@hubinternational.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Safety National Casualty Corporation		15105
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

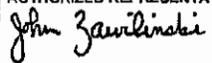
Dartmouth-Hitchcock Health
 1 Medical Center Dr.
 Lebanon, NH 03756

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	AGC4057405	07/01/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Workers Compensation coverage for Mary Hitchcock Memorial Hospital

CERTIFICATE HOLDER NH DHHS 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Bridget Aliaga	Community Health Partnership Coordinator	52488.80	45%	23853.00



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 I-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

Table with 5 columns: VENDOR NAME, REGION SERVED, SFY 2018, SFY 2019, TOTAL. Lists 13 vendors and their respective funding amounts for 2018, 2019, and a total of \$10,415,869.

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

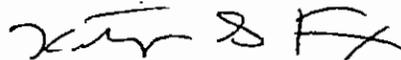
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

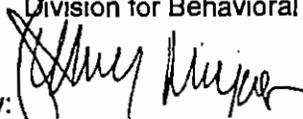


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
		Sub Total 2018		81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
		Sub Total 2019		81,738
		Sub-Total		163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
		Sub Total 2018		84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
		Sub Total 2019		84,166
		Sub-Total		168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
		Sub Total 2018		84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
		Sub Total 2019		84,939
		Sub-Total		169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
		Sub-Total		152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
		Sub Total 2018		85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
		Sub Total 2019		85,783
		Sub-Total		171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
		Sub Total 2018		86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
		Sub Total 2019		86,071
		Sub-Total		172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds**

CFDA #93.959

FAIN #TI010035

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health.

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Bidder Name (CORE)

1. **City of Nashua**
2. **County of Cheshire**
3. **Mary Hitchcock Memorial Hospital (Sullivan Co)**
4. **Mary Hitchcock Memorial Hospital (Upper Valley)**
5. **Goodwin Community Health**
6. **Granite United Way (Carroll Co)**
7. **Granite United Way (Capital Area PH)**
8. **Granite United Way (South Central)**
9. **Lakes Region Partnership for Public Health**
10. **Lamprey Health Care**
11. **Manchester Health Dept**
12. **Mid-State Health Center**
13. **North Country Health Consortium**

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

Reviewer Names

1. **Neil Twitchell, Administrator I (TECH)**
2. **Rob O'Hannon, Program Specialist III, (TECH)**
3. **Jill Burke, Chief of Prev & Ed Svcs (TECH)**
4. **Valerie Morgan, Administrator II (TECH)**
5. **Jennifer Schirmer, Administrator I (TECH)**
6. **Shelley Swanson, Administrator III, (COST)**
7. **Laurie Heath, Administrator II (COST)**
8. **Phillip Nadeau, Administrator III (COST)**



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP Name

RFP-2018-DPHS-01-REGION

RFP Number

Reviewer Names

Bidder Name (PHEP)

1.	City of Nashua
2.	Manchester Health Dept
3.	0
4.	0
5.	0
6.	0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schimer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k) Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n) Perception of risk from binge drinking
 - o) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p) Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

44.11

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-11

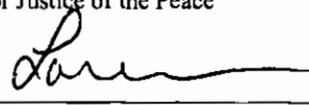
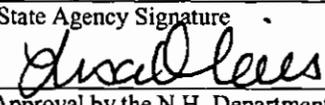
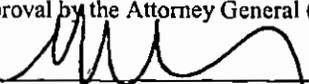
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital (Upper Valley Region)		1.4 Contractor Address 1 Medical Center Drive Lebanon, NH 03756-0001	
1.5 Contractor Phone Number 603-650-4068	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$761,017
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Daniel P. Jantzen Chief Financial Officer	
1.13 Acknowledged before me, Notary Public for the State of <u>New Hampshire</u> , County of <u>Grafton</u> On <u>5/23/17</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proved to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace 			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Laura K. Rondeau - Notary Public</u>			
1.14 State Agency Signature  Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  <u>Megan A. De-Asis</u> <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.

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Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

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Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.

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Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
 - 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
 - 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
 - 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.





Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.

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Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures



Exhibit A

5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

- 1) Number of individuals served or reached
- 2) Demographics
- 3) Strategies and activities per IOM by the six (6) activity types.
- 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.

5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

5.1.5.1. Submit updated regional assets and gaps assessments as indicated.

5.1.5.2. Submit updated regional CoC development plans as indicated.

5.1.5.3. Submit quarterly reports as indicated.

5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.

5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:

- a) Number of individuals served
- b) Demographics of individuals served
- c) Types of strategies or interventions implemented
- d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions

5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

5.1.7.1. Attend Summer Start up meeting with NHIP staff.

5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

Handwritten initials in black ink, appearing to be 'MH'.



Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,



Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

- 7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 7.1.1. Public Health Advisory Council**
 - 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
 - 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
 - 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.
 - 7.1.2. Public Health Emergency Preparedness**
 - 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
 - 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
 - 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.

[Handwritten Signature]



Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
- a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

- 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
- 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
- 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
- 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
- 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
- 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
- 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
- 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

- 7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- 7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- 7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

Handwritten initials in black ink, appearing to be 'MJ' or similar.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

[Handwritten Signature]



Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.



5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 15,942.00	\$ 2,471.00	\$ 18,413.00	
2. Employee Benefits	\$ 5,516.00	\$ 855.00	\$ 6,371.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 516.00	\$ 80.00	\$ 596.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 4,000.00	\$ 620.00	\$ 4,620.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 25,974.00	\$ 4,026.00	\$ 30,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: _____

5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital - Upper
Bidder/Contractor Name: Valley

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 15,942.00	\$ 2,471.00	\$ 18,413.00	
2. Employee Benefits	\$ 5,516.00	\$ 855.00	\$ 6,371.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 516.00	\$ 80.00	\$ 596.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 4,000.00	\$ 620.00	\$ 4,620.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 25,974.00	\$ 4,026.00	\$ 30,000.00	

Indirect As A Percent of Direct 15.5%
\$ -

Contractor Initials: 
 Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper

Bidder/Contractor Name: Valley

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 48,385.00	\$ 7,500.00	\$ 55,885.00	
2. Employee Benefits	\$ 16,741.00	\$ 2,595.00	\$ 19,336.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 674.00	\$ 105.00	\$ 779.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 65,800.00	\$ 10,200.00	\$ 76,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper

Bidder/Contractor Name: Valley

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 48,385.00	\$ 7,500.00	\$ 55,885.00	
2. Employee Benefits	\$ 16,741.00	\$ 2,595.00	\$ 19,336.00	
3. Consultants	\$ -		\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -		\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 674.00	\$ 105.00	\$ 779.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -		\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -		\$ -	
9. Software	\$ -		\$ -	
10. Marketing/Communications	\$ -		\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -		\$ -	
	\$ -		\$ -	
	\$ -		\$ -	
TOTAL	\$ 65,800.00	\$ 10,200.00	\$ 76,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper

Bidder/Contractor Name: Valley

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 53,391.00	\$ 8,276.00	\$ 61,667.00	
2. Employee Benefits	\$ 18,473.00	\$ 2,863.00	\$ 21,336.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 611.00	\$ 95.00	\$ 706.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 750.00	\$ 116.25	\$ 866.25	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 73,225.00	\$ 11,350.25	\$ 84,575.25	

Indirect As A Percent of Direct

\$

15.5%

Contractor Initials: _____



Page 1 of 1

Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper

Bidder/Contractor Name: Valley

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 53,391.00	\$ 8,276.00	\$ 61,667.00	
2. Employee Benefits	\$ 18,473.00	\$ 2,863.00	\$ 21,336.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 611.00	\$ 95.00	\$ 706.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 750.00	\$ 116.00	\$ 866.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 73,225.00	\$ 11,350.00	\$ 84,575.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: _____

5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

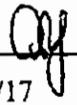
Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,580.00	\$ 7,375.00	\$ 54,955.00	
2. Employee Benefits	\$ 16,463.00	\$ 2,552.00	\$ 19,015.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 90.00	\$ 14.00	\$ 104.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements			\$ -	
13. Other (specific details mandatory):			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 64,133.00	\$ 9,941.00	\$ 74,074.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Page 1 of 1

Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,580.00	\$ 7,375.00	\$ 54,955.00	
2. Employee Benefits	\$ 16,463.00	\$ 2,552.00	\$ 19,015.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 90.00	\$ 14.00	\$ 104.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements			\$ -	
13. Other (specific details mandatory):			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 64,133.00	\$ 9,941.00	\$ 74,074.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Upper Valley
Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)
Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,650.00	\$ 567.00	\$ 4,217.00	
2. Employee Benefits	\$ 1,264.00	\$ 197.00	\$ 1,461.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel		\$ -	\$ -	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,860.00	\$ 13,860.00	
13. Other (specific details mandatory):	\$ 400.00	\$ 62.00	\$ 462.00	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 17,314.00	\$ 2,686.00	\$ 20,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____

Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,650.00	\$ 567.00	\$ 4,217.00	
2. Employee Benefits	\$ 1,264.00	\$ 197.00	\$ 1,461.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel		\$ -	\$ -	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,860.00	\$ 13,860.00	
13. Other (specific details mandatory):	\$ 400.00	\$ 62.00	\$ 462.00	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 17,314.00	\$ 2,686.00	\$ 20,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper

Bidder/Contractor Name: Valley

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,581.00	\$ 7,220.00	\$ 53,801.00	
2. Employee Benefits	\$ 16,117.00	\$ 2,498.00	\$ 18,615.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,500.00	\$ 233.00	\$ 1,733.00	
6. Travel	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 840.00	\$ 130.00	\$ 970.00	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
12. Subcontracts/Agreements	\$ 3,000.00	\$ 465.00	\$ 3,465.00	
13. Other (specific details mandatory):	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
			\$ -	
			\$ -	
TOTAL	\$ 77,038.00	\$11,941.00	\$ 88,979.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____

Valley

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,581.00	\$ 7,220.00	\$ 53,801.00	
2. Employee Benefits	\$ 15,631.00	\$ 2,423.00	\$ 18,054.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 3,000.00	\$ 465.00	\$ 3,465.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,840.00	\$ 285.00	\$ 2,125.00	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
			\$ -	
			\$ -	
TOTAL	\$ 72,052.00	#####	\$ 83,220.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Exhibit B-1 Budget

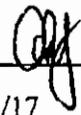
New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Upper Valley
Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)
Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,722.00	\$ 577.00	\$ 4,299.00	
2. Employee Benefits	\$ 1,288.00	\$ 200.00	\$ 1,488.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
6. Travel		\$ -	\$ -	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,440.00	\$ 378.00	\$ 2,818.00	
13. Other (specific details mandatory):		\$ -	\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 8,450.00	\$ 1,310.00	\$ 9,760.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,722.00	\$ 577.00	\$ 4,299.00	
2. Employee Benefits	\$ 1,288.00	\$ 200.00	\$ 1,488.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
6. Travel		\$ -	\$ -	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,440.00	\$ 378.00	\$ 2,818.00	
13. Other (specific details mandatory):		\$ -	\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 8,450.00	\$ 1,310.00	\$ 9,760.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____

aj

Date: 5/11/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

Handwritten initials in black ink, appearing to be 'DJ' or similar.

New Hampshire Department of Health and Human Services
Exhibit C



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Handwritten initials in black ink, possibly "DJ", written over a horizontal line.

New Hampshire Department of Health and Human Services
Exhibit C



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or


Date 5/1/17



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis

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- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

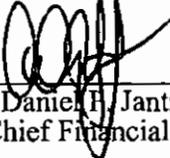
Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

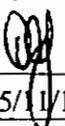
Contractor Name:

5/11/17

Date


Name: Daniel H. Jantzen
Title: Chief Financial Officer

Contractor Initials


Date 5/11/17



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name:

Name: Daniel P. Janzen
Title: Chief Financial Officer

5/11/17

Date



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Handwritten initials of the contractor, appearing to be 'JG'.

New Hampshire Department of Health and Human Services
Exhibit F



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

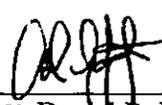
LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/11/17

Date


Name: Daniel P. Jantzen
Title: Chief Financial Officer



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

A handwritten signature in black ink, appearing to be 'GJ' or similar, written over a horizontal line.

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

5/11/17

Date

Name: Daniel P. Jantzen
Title: Chief Financial Officer

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

A handwritten signature in black ink, appearing to read "DJantzen", written over a horizontal line.

Name: Daniel P. Jantzen
Title: Chief Financial Officer

5/11/17
Date



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Handwritten initials in black ink, appearing to be 'CJ' or similar.



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) l, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services

The State

Lisa Morris

Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

5/23/17

Date

Mary Hitchcock Memorial Hospital

Name of the Contractor

Daniel P. Jantzen

Signature of Authorized Representative

Daniel P. Jantzen

Name of Authorized Representative

Chief Financial Officer

Title of Authorized Representative

May 11, 2017

Date

DJ



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

5/11/17

Date

Name: Daniel P. Jantzen
Title: Chief Financial Officer

Contractor Initials

Date 5/11/17



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 06-99102-97
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Mid-State Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 101 Boulder Point Road, Suite 1, Plymouth, NH 03264.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$690,586.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
-------------------------------	----------	---------
 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
5. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

6. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
7. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
8. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/1/18
Date

[Signature]
Lisa Morris
Director

Mid-State Health Center

5-30-2018
Date

[Signature]
Name: Sharon Bealy
Title:

Acknowledgement of Contractor's signature:

State of New Hampshire County of Crafts on May 30, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace



Lyn H. Englan - Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: 8/5/2020



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/18
Date

J. Cusack
Name: Lyn Cusack
Title: Sr Ass't AG

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.

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3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



-
- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
 - 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
 - 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

**Exhibit B-2
Amendment #1**

New Hampshire Department of Health and Human Services

Bidder Name: Mid-State Health Center

Budget Request for: Regional Public Health Network Services - CoC

Budget Period: SFY 19 (7/1/18 - 6/30/19)

Line Item -Provide detail in budget na	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,366.40	\$ -	\$ 2,366.40	
2. Employee Benefits	\$ 591.60	\$ -	\$ 591.60	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 37,140.00	\$ -	\$ 37,140.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
TOTAL	\$ 40,098.00	\$ -	\$ 40,098.00	

Indirect As A Percent of Direct
RFP-2018-DPHS-01-REGION-12

0.0%

Contractor Initials:

SB

Date:

5-23-18

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a



whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doiit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

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 MID-STATE HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 09, 1998. 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: 285492

Certificate Number : 0004086708



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of April A.D. 2018.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

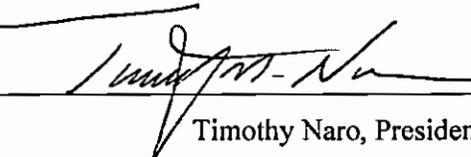
I, Timothy Naro, of Mid-State Health Center, do hereby certify that:

1. I am the duly elected President of Mid-State Health Center;
2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of Mid-State Health Center, duly held on April 23, 2013:

RESOLVED: That the Chief Executive Officer of Mid-State Health Center is hereby authorized on behalf of this Corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments in addition to any amendments, revisions or modifications thereto, as she may deem necessary, desirable or appropriate.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effective as of May 30, 2018.
4. Sharon Beaty is the duly appointed Chief Executive Officer of the Corporation. Timothy Naro is the duly elected Board President of the Corporation.

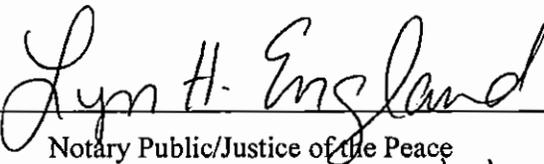
IN WITNESS WHEREOF, I have hereunto set my hand as the President of Mid-State Health Center on this, the 30 day of May, 2018.



Timothy Naro, President

STATE OF NH,
COUNTY OF Grafton

The foregoing instrument was acknowledged before me this 30 day of May, 2018 by Timothy Naro.



Notary Public/Justice of the Peace

My Commission Expires: 8/5/2020



CERTIFICATE OF LIABILITY INSURANCE

Date:
05/30/18

Administrator:
New England Special Risks, Inc.
60 Prospect St.
Sherborn, Ma. 01770
Phone: (508) 561-6111

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURERS AFFORDING COVERAGE

Insured:
Mid-State Health Center
101 Boulder Point Dr.- Suite 1
Plymouth, NH. 03264

Insurer A:	Medical Protective Insurance Co.
Insurer B:	AIM Mutual Insurance Co.
Insurer C:	
Insurer D:	
Insurer E:	

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, aggregate limits shown may have been reduced by paid claims.

INS. LTR.	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS		
A	General Liability	HN 030313	10/1/2017	10/1/2018	Each Occurrence	\$ 1,000,000	
	<input checked="" type="checkbox"/> Commercial General Liability				Fire Damage (Any one fire)	\$ 50,000	
	<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence				Med Exp (Any one person)	\$ 5,000	
	<input type="checkbox"/>				Personal & Adv Injury	\$ 1,000,000	
	<input type="checkbox"/>				General Aggregate	\$ 3,000,000	
	General Aggregate Limit Applies Per:				Products - Comp/Op Agg	\$ 1,000,000	
	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc						
	Automobile Liability				Combined Single Limit (Each accident)	\$	
	<input type="checkbox"/> Any Auto				Bodily Injury (Per person)	\$	
	<input type="checkbox"/> All Owned Autos				Bodily Injury (Per accident)	\$	
	<input type="checkbox"/> Scheduled Autos				Property Damage (Per accident)	\$	
	<input type="checkbox"/> Hired Autos						
	Garage Liability				Auto Only - Ea. Accident	\$	
	<input type="checkbox"/> Any Auto				Other Than Ea. Acc	\$	
	<input type="checkbox"/>				Auto Only: Agg	\$	
	Excess Liability				Each Occurrence	\$	
	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made				Aggregate	\$	
	<input type="checkbox"/> Deductible					\$	
	<input type="checkbox"/> Retention \$					\$	
B	Workers Compensation and Employers' Liability	ECC-4000079	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> Statutory Limits <input type="checkbox"/> Other		
	E.L. Each Accident				\$ 500,000		
	E.L. Disease-Ea. Employee				\$ 500,000		
	E.L. Disease - Policy Limit				\$ 500,000		
A	Entity Healthcare Professional and Employed Physicians Professional Liability	HN 030313	10/1/2017	10/1/2018	Per Incident	\$1,000,000	
	Aggregate				\$3,000,000		

Description of operations/vehicles/exclusions added by endorsement/special provision

Evidence of current Liability and Worker Compensation Coverage for the Insured.

Certificate Holder

State of New Hampshire

Dept. of Health and Human Services
129 Pleasant St.
Concord, NH. 03301

Should any of the above policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative

Samuel Pilatius



Where your care comes together.

Family, Internal and Pediatric Medicine • Behavioral Health • Dental Care

midstatehealth.org

Mission Statement: Mid-State Health Center provides sound primary medical care to the community, accessible to all regardless of the ability to pay.

Plymouth Office: 101 Boulder Point Drive • PH (603) 536-4000 • FAX (603) 536-4001

Bristol Office: 100 Robie Road • PH (603) 744-6200 • FAX (603) 744-9024

Mailing Address: 101 Boulder Point Drive • Suite 1 • Plymouth, NH 03264

**MID-STATE HEALTH CENTER
AND SUBSIDIARY**

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2017 and 2016

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2017

and

Independent Auditors' Report



MID-STATE HEALTH CENTER AND SUBSIDAIRY

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2017 and 2016, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2017 and 2016, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. The consolidating information is also presented on pages 27-32 for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of the Organization's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 29, 2017, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Tyler, Lemus and St. Laurent, CPA, P.C.

Lebanon, New Hampshire
November 29, 2017

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Financial Position
As of June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 1,354,014	\$ 1,445,269
Restricted cash	37,530	37,473
Patient accounts receivable, net	669,637	735,772
Estimated third-party settlements	96,663	50,000
Contracts and grants receivable	1,566,012	1,244,899
Prepaid expenses and other receivables	473,892	508,047
Total current assets	<u>4,197,748</u>	<u>4,021,460</u>
Property and equipment, net	<u>6,275,857</u>	<u>6,444,673</u>
Total assets	<u>\$ 10,473,605</u>	<u>\$ 10,466,133</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 97,496	\$ 107,523
Accrued expenses and other current liabilities	77,010	317,100
Accrued payroll and related expenses	331,612	269,391
Accrued earned time	343,266	368,116
Current portion of long-term debt	189,748	431,412
Current portion of capital lease obligations	2,036	1,857
Deferred grants and state contract revenue	1,239,148	1,131,021
Total current liabilities	<u>2,280,316</u>	<u>2,626,420</u>
Long-term debt, less current portion	<u>4,512,203</u>	<u>4,699,118</u>
Capital lease obligations, less current portion	<u>3,169</u>	<u>5,053</u>
Total liabilities	<u>6,795,688</u>	<u>7,330,591</u>
Commitments and contingencies (See Notes)		
Net assets		
Unrestricted	3,006,469	2,406,849
Temporarily restricted	671,448	728,693
Total net assets	<u>3,677,917</u>	<u>3,135,542</u>
Total liabilities and net assets	<u>\$ 10,473,605</u>	<u>\$ 10,466,133</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Operations and Changes in Net Assets
For the Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Changes in unrestricted net assets		
Unrestricted revenue, gains and other support		
Patient service revenue (net of contractual allowances and discounts)	\$ 6,386,654	\$ 6,318,226
Provision for bad debts	194,748	350,491
Net patient service revenue	<u>6,191,906</u>	<u>5,967,735</u>
Contracts and grants	2,319,624	1,768,650
Contributions	91,890	9,336
Other operating revenue	1,367,014	1,319,892
Net assets released from restrictions used for operating	7,312	198,384
Total unrestricted revenue, gains and other support	<u>9,977,746</u>	<u>9,263,997</u>
Expenses		
Salaries and wages	6,018,733	5,311,523
Employee benefits	1,330,017	1,118,449
Insurance	72,067	76,446
Professional fees	522,478	536,807
Supplies and expenses	1,236,154	1,195,801
Depreciation and amortization	300,688	284,435
Interest expense	218,673	234,011
Total expenses	<u>9,698,810</u>	<u>8,757,472</u>
Operating income	<u>278,936</u>	<u>506,525</u>
Other income (loss)		
Debt discharge income	250,000	-
Loss on disposal of fixed assets	-	(999)
Total other income (loss)	<u>250,000</u>	<u>(999)</u>
Excess of revenues over expenses	<u>528,936</u>	<u>505,526</u>
Other changes in unrestricted net assets		
Net assets released from restrictions used for property and equipment	<u>70,684</u>	<u>23,104</u>
Increase in unrestricted net assets	<u>599,620</u>	<u>528,630</u>
Changes in temporarily restricted net assets		
Contributions	20,751	150,000
Net assets released from restrictions	<u>(77,996)</u>	<u>(221,488)</u>
Decrease in temporarily restricted net assets	<u>(57,245)</u>	<u>(71,488)</u>
Change in net assets	542,375	457,142
Net assets, beginning of year	<u>3,135,542</u>	<u>2,678,400</u>
Net assets, end of year	<u>\$ 3,677,917</u>	<u>\$ 3,135,542</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows For the Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities		
Change in net assets	\$ 542,375	\$ 457,142
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Debt discharge income	(250,000)	-
Depreciation and amortization	300,688	284,435
Amortization reflected as interest	2,833	5,584
Provision for bad debts	194,748	350,491
Loss on disposal of fixed assets	-	999
(Increase) decrease in the following assets:		
Restricted cash	(57)	(57)
Patient accounts receivable	(128,613)	(458,123)
Estimated third-party settlements	(46,663)	-
Contracts and grants receivable	(321,113)	(119,483)
Prepaid expenses and other receivables	(215,845)	564,358
Increase (decrease) in the following liabilities:		
Accounts payable	(10,027)	(116,165)
Accrued payroll and related expenses	62,221	117,586
Accrued earned time	(24,850)	81,368
Accrued other expenses	9,910	(493,256)
Deferred grants and state contract revenue	108,127	292,191
Net cash provided by operating activities	<u>223,734</u>	<u>967,070</u>
Cash flows from investing activities		
Purchases of property and equipment	(131,872)	(95,527)
Net cash used in investing activities	<u>(131,872)</u>	<u>(95,527)</u>
Cash flows from financing activities		
Payments on capital leases	(1,705)	(3,832)
Payments on long-term debt	(181,412)	(173,452)
Net cash used in financing activities	<u>(183,117)</u>	<u>(177,284)</u>
Net increase (decrease) in cash and cash equivalents	(91,255)	694,259
Cash and cash equivalents, beginning of year	<u>1,445,269</u>	<u>751,010</u>
Cash and cash equivalents, end of year	<u>\$ 1,354,014</u>	<u>\$ 1,445,269</u>

Supplemental Disclosures of Cash Flow Information

Cash payments for:		
Interest	\$ <u>215,840</u>	\$ <u>228,427</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Cash Flows (continued)
For the Years Ended June 30, 2017 and 2016

Supplemental Disclosures of Non-Cash Transactions

During 2016, the Organization entered into a capital lease agreement to acquire equipment totaling \$8,000.

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Notes to Consolidated Financial Statements
As of and for the Years Ended June 30, 2017 and 2016

1. **Summary of Significant Accounting Policies:**

Organization

Mid-State Health Center (“MSHC”) is a Federally Qualified Health Center (FQHC) which provides health care to a large number of Medicare, Medicaid and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire.

The consolidated financial statements include the accounts of Mid-State Community Development Corporation (MSCDC), collectively, “the Organization”.

Effective September 23, 2010, the Organization was transferred a sole member interest in MSCDC, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

During the year ended June 30, 2012, after having participated in a pilot program with the New Hampshire Citizens Health Initiative (NHCHI) the Organization was officially recognized as a medical home.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and MSCDC have been eliminated in consolidation.

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and activities to three classes of net assets; unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

- (1) Unrestricted Net Assets are not subject to donor-imposed stipulations.
- (2) Temporarily Restricted Net Assets are subject to donor-imposed stipulations that may or will be met by actions of the Organization and/or the passage of time. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets until the Organization satisfies the donor-imposed restriction. Absent explicit donor stipulations about how long-lived assets must be maintained, the Organization reports expirations of donor restrictions over the remaining useful life of the donated or acquired long-lived asset.
- (3) Permanently Restricted Net Assets are subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the institution to use all or part of the income earned on related investments for general or specific purposes. There were no permanently restricted net assets as of June 30, 2017 and 2016.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

1. Summary of Significant Accounting Policies (continued):

Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits, petty cash funds and investments with a maturity of three months or less, and exclude amounts whose use is limited by Board designation or other arrangements under trust agreements or with third-party payors.

Cash in Excess of FDIC-Insured Limits

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. Accounts are generally guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to certain limits. As of June 30, 2017 and 2016, the Organization had approximately \$318,000 and \$587,000, respectively, in excess of FDIC-insured limits. The Organization has not experienced any losses in such accounts.

Receivables

Patient receivables are carried at their estimated collectible amounts. Patient credit is generally extended on a short-term basis; thus, patient receivables do not bear interest.

Patient receivables are periodically evaluated for collectability based on credit history and current financial condition. The Organization uses the allowance method to account for uncollectible accounts receivable.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	<u>YEARS</u>
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 - 15

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

1. Summary of Significant Accounting Policies (continued):

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

Contractual Arrangements with Third-Party Payors

The Medicare and Medicaid programs pay the Organization for services at predetermined rates by treatment. The Organization is reimbursed for Medicare cost reimbursable items at a tentative rate with final settlement determined after the submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Changes in Medicare and Medicaid programs or reduction of funding levels for programs could have an adverse effect on future amounts recognized as net patient service revenue.

The laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Organization also enters into preferred provider agreements with certain commercial insurance carriers. Payment arrangements to the Organization under these agreements include discounted charges and fee schedule payments.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Government Grant Revenue

Support funded by grants is recognized as the Organization performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Contributions

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

1. Summary of Significant Accounting Policies (continued):

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Income Taxes

MSHC and MSCDC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, activities and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2013.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2017 and 2016 was \$26,001 and \$23,966, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program or supporting service are allocated based on an evaluation by management.

Expenses by function totaled the following for the years ended June 30:

	<u>2017</u>	<u>2016</u>
Program	\$ 7,878,996	\$ 6,861,582
Management and general	1,797,456	1,873,440
Fundraising	22,358	22,450
	<u>\$ 9,698,810</u>	<u>\$ 8,757,472</u>

Excess of Revenues over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include contributions and grants of long-lived assets.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

1. Summary of Significant Accounting Policies (continued):

Fair Value of Financial Instruments

The carrying amount of cash, patient accounts receivable, accounts and notes payable and accrued expenses approximates fair value.

Reclassifications

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications have no effect on the previously reported change in net assets.

Recent Accounting Pronouncements

In April 2015, the FASB issued Accounting Standards Update (ASU) 2015-03, *Interest – Imputation of Interest*, Subtopic 835-30. The update simplifies the presentation of debt issuance costs and will require that debt issuance costs related to a recognized debt liability be presented in the statement of financial position as a direct reduction from the carrying amount of that debt liability, consistent with the handling of debt discounts. The Organization adopted the provisions of ASU 2015-03 as of June 30, 2017, resulting in the reclassification of debt financing costs totaling \$45,425 and \$48,258 as of June 30, 2017 and 2016, respectively, as a direct reduction of the Organization's associated long-term debt (see Note 9).

In February 2016, the FASB issued ASU 2016-02, *Leases*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. The update is effective for financial statements issued for fiscal years beginning after December 15, 2019 with early adoption permitted, using a modified retrospective approach. The Organization has not elected early adoption of the provisions of ASU 2016-02 and is undetermined if it will have a significant impact on its financial position, results of operations or cash flows.

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities*. This ASU changes the current three classes of net assets to two classes, net assets with donor restrictions and net assets without donor restrictions; requires entities to report investment return net of external and direct internal investment expenses and no longer requires disclosure of those netted expenses; and eliminates the option to release donor-imposed restrictions on long-lived assets over the estimated useful life of the acquired asset. It also enhances the disclosures regarding: board designations, composition of net assets with donor restrictions, how an NFP will meet its cash needs for general expenditures within one year of the balance sheet date, amounts of expenses by both their natural and functional classification, method used to allocate costs among program and support functions and underwater endowment funds. The update is effective for financial statements issued for fiscal years beginning after December 15, 2017, with early adoption permitted and requires that it be applied retrospectively. The Organization has not elected early adoption of the provisions of ASU 2016-14.

In November 2016, the FASB issued ASU 2016-18, *Statement of Cash Flows - Restricted Cash*. This ASU requires that a statement of cash flows explain the change during the period in the total of cash, cash equivalents and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the total amounts shown on the statement of cash flows. The update is effective for financial statements issued for fiscal years beginning after December 15, 2018, with early adoption permitted and requires that it be applied retrospectively. The Organization has not elected early adoption of the provisions of ASU 2016-18.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

2. Charity Care:

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost to charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately \$302,000 and \$244,000 for the years ended June 30, 2017 and 2016, respectively.

In 2017 and 2016, 615 and 623 patients received charity care out of a total of 11,491 and 11,513 patients, respectively. The Organization provides health care services to residents of Plymouth, New Hampshire as well as Bristol, New Hampshire and their surrounding areas, without regard to the individual's ability to pay for their services.

Determination of eligibility for charity care is granted on a sliding fee basis:

For dental services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 125% of the Federal Poverty Guidelines, receive a 65% discount. Those with family income at least equal to 126%, but not exceeding 150% of the guidelines, receive a 55% discount. Those with family income at least equal to 151%, but not exceeding 200% of the guidelines, receive a 45% discount.

For all other services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 138% of the Federal Poverty Guidelines, shall be responsible for a \$20 fee for each encounter. Those with family income at least equal to 139%, but not exceeding 160% of the guidelines, will be responsible for a \$30 fee for each encounter. Those with family income at least equal to 161%, but not exceeding 180% of the guidelines, will be responsible for a \$40 fee for each encounter. Those with family income at least equal to 181%, but not exceeding 200% of the guidelines, will be responsible for a \$50 fee for each encounter.

3. Patient Service Revenue and Patient Accounts Receivable:

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized was as follows for the years ended June 30:

	2017			
	<u>Gross Charges</u>	<u>Contractual Adjustments</u>	<u>Sliding Fee Adjustments</u>	<u>Patient Service Revenue</u>
Medicare	\$ 2,807,293	\$ 532,483	\$ -	\$ 2,274,810
Medicaid	1,474,031	454,849	-	1,019,182
Blue Cross	1,649,476	495,855	-	1,153,621
Other third-party payors	2,357,924	745,047	-	1,612,877
Self-pay	643,951	-	317,787	326,164
Total	<u>\$ 8,932,675</u>	<u>\$ 2,228,234</u>	<u>\$ 317,787</u>	<u>\$ 6,386,654</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Notes to Consolidated Financial Statements
As of and for the Years Ended June 30, 2017 and 2016

3. Patient Service Revenue and Patient Accounts Receivable (continued):

	2016			Patient Service Revenue
	Gross	Contractual	Sliding Fee	
Medicare	\$ 2,883,236	\$ 707,772	\$ -	\$ 2,175,464
Medicaid	1,509,638	285,988	-	1,223,650
Blue Cross	1,615,803	552,763	-	1,063,040
Other third-party payors	2,203,356	676,605	-	1,526,751
Self-pay	585,503	-	256,182	329,321
Total	\$ 8,797,536	\$ 2,223,128	\$ 256,182	\$ 6,318,226

Patient accounts receivable is reported net of estimated contractual allowances and allowance for doubtful accounts, as follows, as of June 30:

	2017	2016
Patient accounts receivable	\$ 1,207,800	\$ 1,318,578
Less: Estimated contractual allowances and discounts	333,805	340,435
Less: Estimated allowance for doubtful accounts	204,358	242,371
Patient accounts receivable, net	\$ 669,637	\$ 735,772

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with service provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, including both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for only part of the bill, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

4. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Notes to Consolidated Financial Statements
As of and for the Years Ended June 30, 2017 and 2016

5. Grants and State Contracts:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public and private agencies. The following is a summary of the grant activity for the years ended June 30:

	Earned Grant and State Contract Revenue		Outstanding Receivable		Deferred Grants and State Contract Revenue	
	2017	2016	2017	2016	2017	2016
HPHC Quality Grant - 2013	\$ -	\$ -	\$ -	\$ 17,939	\$ -	\$ 17,939
HRSA-PATT Grant - 2015	-	40,992	-	-	-	-
HRSA 330 Grant - 2014-2019	1,648,310	1,056,374	1,073,203	942,239	840,904	943,007
Bi-State PCA Grant	6,725	90	-	-	-	-
NH Primary Care Contracts	157,222	193,933	418,366	174,980	389,645	161,476
Emergency Preparedness Grants	275,127	260,554	60,015	45,433	-	-
HRSA-IGNITE Grants	158,614	107,480	-	-	-	-
Other Grant and Contract Awards	73,626	109,227	14,428	64,308	8,599	8,599
	<u>\$ 2,319,624</u>	<u>\$ 1,768,650</u>	<u>\$ 1,566,012</u>	<u>\$ 1,244,899</u>	<u>\$ 1,239,148</u>	<u>\$ 1,131,021</u>

6. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2017	2016
Land	\$ 525,773	\$ 525,773
Buildings	6,346,118	6,346,118
Leasehold improvements	170,174	170,174
Furniture, fixtures and equipment	1,247,640	1,115,766
	<u>8,289,705</u>	<u>8,157,831</u>
Less: Accumulated depreciation	<u>2,013,848</u>	<u>1,713,158</u>
	<u>\$ 6,275,857</u>	<u>\$ 6,444,673</u>

Depreciation and amortization expense, including amortization expense on capital lease obligations, for the years ended June 30, 2017 and 2016 amounted to \$300,688 and \$284,435, respectively.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

7. Other Assets:

Included in other assets are capitalized legal fees related to the rental agreement and potential purchase of the building the Organization currently occupies in the amount of \$9,163. Amortization expense related to the capitalized fees for the years ended June 30, 2017 and 2016 was \$0 and \$916, respectively. Accumulated amortization was \$9,163 as of June 30, 2017 and 2016.

8. Line of Credit:

The Organization had an available line of credit with a maximum borrowing amount of \$100,000 as of June 30, 2017. The line carries an interest rate equal to 5.5% (prime plus 2%). The line is secured by all business assets. The line was not drawn upon as of June 30, 2017 and 2016.

9. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	<u>2017</u>	<u>2016</u>
Woodsville Guarantee Savings Bank note payable, maturing August 2033, principal and interest payable in 240 monthly installments of \$18,194 through August 2033. Interest is charged at a rate of 5.25%.	\$ 2,375,621	\$ 2,466,618
Woodsville Guarantee Savings Bank note payable, maturing August 2018, principal and interest payable in 60 monthly installments of \$3,757. Interest is charged at a rate of 4%.	51,306	93,419
Capital Regional Development Council note payable, 36 interest only payments at a rate of 6%. The outstanding principal of the note was forgiven in August 2016.	-	250,000
United States of America Department of Agriculture note payable, maturing April 2045, principal and interest payable in 360 monthly payments of \$10,904. Interest is charged at a rate of 3.5% (see Note 9a).	<u>2,320,449</u>	<u>2,368,751</u>
Total long-term debt	4,747,376	5,178,788
Less: unamortized deferred financing costs	<u>45,425</u>	<u>48,258</u>
Total long-term debt, net of unamortized deferred financing costs	4,701,951	5,130,530
Less: current portion	<u>189,748</u>	<u>431,412</u>
Long-term debt, less current portion	\$ <u>4,512,203</u>	\$ <u>4,699,118</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

9. Long-Term Debt (continued):

- 9a In September 2013, the Organization refinanced its then outstanding Woodsville Guarantee Savings Bank interim note payable with a construction loan. The new loan had an advancement amount of up to \$2,700,000, and called for interest only payments at a rate of 5% beginning October 2013, for 23 consecutive months, and 1 balloon payment of principal and accrued unpaid interest due September 2015. In April 2015, the Organization entered into a long-term debt arrangement with the United States of America Department of Agriculture ("USDA") totaling \$2,423,000. The proceeds from the loan were used to refinance the construction loan balance and unpaid accrued interest and to satisfy outstanding invoices related to the construction of the Bristol property. The loan is secured by the Organization's property located in Bristol, New Hampshire. The loan agreement requires the Organization to establish a reserve account which is to be funded in monthly installments of \$1,090 until the accumulated sum of reserve funding reaches \$130,848, after which no further funding is required except to replace withdrawals. As of June 30, 2017, the reserve account totaled \$37,530, reflected on the consolidated statement of financial position as restricted cash.

Future maturities of long-term debt are as follows as of June 30, 2017:

2018	\$	189,748
2019		160,342
2020		160,152
2021		167,797
2022		175,819
Thereafter		<u>3,893,518</u>
	\$	<u>4,747,376</u>

10. Capital Lease Obligations:

The Organization has entered into capital lease obligations on certain equipment. The term of the lease is for five years expiring in September 2019. Accordingly, the Organization has recorded the transactions as capital lease obligations. For the years ended June 30, 2017 and 2016, amortization expense totaling \$2,000 and \$2,729, respectively, was included in depreciation and amortization expense. The cost basis of all equipment under capital leases was \$8,000 as of June 30, 2017 and 2016. Accumulated amortization was \$3,667 and \$1,667 as of June 30, 2017 and 2016, respectively.

The following is a schedule, by year, of future minimum lease payments under the capital leases as of June 30:

2018	\$	2,400
2019		2,400
2020		<u>946</u>
Total minimum lease payments		5,746
LESS: Amount representing interest		<u>541</u>
Present value of minimum lease payments		5,205
LESS: Current portion		<u>2,036</u>
Long-term capital lease obligations	\$	<u>3,169</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

11. Malpractice Insurance Coverage:

The Organization is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against the Organization. The Organization is insured for malpractice under a claims-made policy. This type of policy covers malpractice claims which are reported to the insurance carrier during the policy term. Based on management's evaluation of malpractice claims, reserves for professional liability claims were \$250,000 as of June 30, 2017 and 2016, respectively, and are included in accrued expenses and other current liabilities in the accompanying consolidated statements of financial position.

The Organization's professional liability risks, in excess of certain per claim amounts, are insured through the policy described above. The amounts receivable under the policy totaled \$250,000 as of June 30, 2017 and 2016, respectively, and are included in prepaid expenses and other receivables in the accompanying consolidated statements of financial position.

In September 2016, the Organization entered into a settlement agreement regarding a malpractice suit that was outstanding as of the year ended June 30, 2016. The settlement calls for the Organization's malpractice insurance to pay \$250,000.

12. Commitments and Contingencies:

Real Estate Taxes – During the year ended June 30, 2017, the Organization settled discussions with the Town of Plymouth, New Hampshire Municipal Corporation ("Town") related to the tax-exempt status of its operating facility. The Organization's management team contended that the Organization was no longer required to pay real estate taxes associated with its operating facility effective the date that MSCDC received its tax-exempt status (see Note 1), so long as the Organization timely files its application for tax exemption with the Town on an annual basis. The Organization and the Town agreed to a payment in lieu of taxes for a period of 10 years. The agreement identified real estate taxes previously paid by the Organization to the Town that the Organization was not required to pay as a result of its tax-exempt status. The sum of the overpayments will be applied evenly on an installment basis over the 10-year period, totaling \$50,000. The Organization remains subject to its requirement to timely file its application for tax exemption with the Town on an annual basis.

340B Revenue – The Organization participates in the 340B Drug Discount Program (the 340B Program) which enables qualifying health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount as a Covered Entity. The 340B Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization is required to undergo a self-audit process to determine compliance with 340B Program guidelines. The 340B statutes also explicitly authorize HRSA to audit Covered Entities to ensure they are compliant with the 340B Program. All Covered Entities are also required to recertify compliance with the 340B Program on an annual basis, including an attestation to full compliance with the 340B Program. The Organization earns revenue under the 340B Program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization contracts with certain third-party pharmacies that dispense the pharmaceuticals to its patients. 340B revenue is included in other operating revenue within the consolidated statements of operations and totaled \$1,083,433 and \$957,003 for the years ended June 30, 2017 and 2016, respectively. The cost of pharmaceuticals, dispensing fees to the pharmacies, consulting fees and other costs associated with the 340B Program are included in operating expenses in the consolidated statements of operations and totaled \$344,082 and \$350,513 for the years ended June 30, 2017 and 2016, respectively.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

13. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows at June 30:

	<u>2017</u>	<u>2016</u>
Medicare	18.0%	17.9%
Medicaid	19.3%	27.7%
Blue Cross	19.3%	16.9%
Patients	13.1%	10.6%
Other third-party payors	<u>30.3%</u>	<u>26.9%</u>
	<u>100.0%</u>	<u>100.0%</u>

14. Retirement Program:

During 2007, the Organization adopted a tax sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2017 and 2016 were \$138,903 and \$112,637, respectively.

15. Other Operating Revenue:

The following summarizes components of other operating revenue for the years ended June 30:

	<u>2017</u>	<u>2016</u>
Other operating revenue:		
Pharmacy income - 340B	\$ 1,083,433	\$ 957,003
Anthem shared savings	62,207	195,423
Montessori Center	155,622	139,226
Meaningful Use	28,955	-
Other operating revenue	<u>36,797</u>	<u>28,240</u>
	<u>\$ 1,367,014</u>	<u>\$ 1,319,892</u>

16. Health Insurance:

The Organization offers health insurance benefits to all employees under available Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans. Deductibles under the HMO and PPO plans in aggregate are \$2,500 and \$3,000, respectively. The Organization is obligated to pay a certain portion of the deductible required under either plan once the employee's portion has been fully exhausted. For the HMO and PPO plans, the maximum portion of the deductible the Organization is potentially obligated for is \$500 and \$1,000, respectively. The total deductible expense incurred during the years ended June 30, 2017 and 2016 was \$10,524 and \$3,110, respectively.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2017 and 2016

16. Health Insurance (continued):

The Organization provides for an accrual based on the aggregate amount of the liability for reported claims and an estimated liability for claims incurred but not yet reported. At June 30, 2017 and 2016, "accrued expenses and other current liabilities" include an accrued liability related to these plans of \$8,600.

17. Related Party:

During 2011, the Organization was gifted a sole membership interest in MSCDC (see Note 1). As a result of the gift, management of the Organization was required to determine the fair value of the underlying assets gifted to and liabilities assumed by the Organization and determine if the transaction contained a differential from the existing book values as of the date of the gift.

Management utilized valuation techniques for medical office space to determine an estimated fair value per square foot resulting in a differential attributed to the building in the amount of \$847,145. The differential will be amortized over the life of the building asset it was attributed to. Amortization related to the differential for both years ended June 30, 2017 and 2016 was \$23,104, included in depreciation and amortization in the consolidated statement of operations.

18. Significant Estimates and Concentrations:

Grants and State Contracts

Concentrations of revenues related to grant awards and state contracts are described in Note 5.

Allowance for Net Patient Service Revenue

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 3.

19. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2017 through November 29, 2017, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued. The Organization has not identified other events requiring disclosure that have occurred between the period of June 30, 2017 and the report date, November 29, 2017. The Organization has not reviewed events occurring after the report date for their potential impact on the information contained in these consolidated financial statements.

MID-STATE HEALTH CENTER
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2017

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-through Entity or Award Identifying Number	Federal Expenditures	Passed through to Subrecipients
U.S. Department of Health and Human Services: Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		\$ 1,648,310	\$ -
Passed through N.H. Department of Health and Human Services: Grants to States to Support Oral Health Workforce Activities	93.236	22-3061156	6,725	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	FAIN T1010035-14 FAIN T1010035-15	173,505	-
Immunization Cooperative Agreements	93.268	FAIN H23IP000757	8,876	-
Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	93.758	FAIN B01OT009037	15,000	-
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	FAIN U90TP000535	63,479	-
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	10,735	-
Total passed through N.H. Department of Health and Human Services			<u>278,320</u>	<u>-</u>
Total U.S. Department of Health and Human Services			<u>1,926,630</u>	<u>-</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS			<u>\$ 1,926,630</u>	<u>\$ -</u>

The accompanying notes to financial statements are an integral part of this schedule.

MID-STATE HEALTH CENTER
Notes to Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2017

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal grant activity of MSHC under programs of the federal government for the year ended June 30, 2017. The information in the schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Since the schedule presents only a selected portion of the operations of MSHC, it is not intended to and does not present the statement of financial position, statement of operations and changes in net assets or cash flows of MSHC.

2. Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Subpart E of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.

MSHC did not elect to use the 10% de minimis indirect cost rate.



TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 1

**Independent Auditors' Report on Internal Control over Financial Reporting
and on Compliance and Other Matters Based on an Audit of Financial
Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Trustees of
Mid-State Health Center:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Mid-State Health Center ("MSHC") (a nonprofit organization), which comprise the statement of financial position as of June 30, 2017, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 29, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered MSHC's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of MSHC's internal control. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

**Independent Auditors' Report on Internal Control over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements
Performed in Accordance with *Government Auditing Standards* (continued)**

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether MSHC's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 29, 2017



TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 2

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center:

Report on Compliance for Each Major Federal Program

We have audited Mid-State Health Center's ("MSHC") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of MSHC's major federal programs for the year ended June 30, 2017. MSHC's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of MSHC's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about MSHC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of MSHC's compliance.

**Independent Auditors' Report on Compliance for Each Major Program and on
Internal Control Over Compliance Required by the Uniform Guidance
(continued)**

Opinion on Each Major Federal Program

In our opinion, MSHC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017.

Report on Internal Control Over Compliance

Management of MSHC is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered MSHC's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Tyler, Lemus and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 29, 2017

MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs
As of and For the Year Ended June 30, 2017

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued *Unmodified*

Internal control over financial reporting:

Material weakness identified Yes No

Significant deficiencies identified that are not considered to be material weaknesses Yes None reported

Non-compliance material to financial statements noted Yes No

Federal Awards

Internal control over major programs:

Material weakness identified Yes No

Significant deficiencies identified that are not considered to be material weaknesses Yes None reported

Type of auditors' report issued on compliance for major programs *Unmodified*

Any audit findings disclosed that are required to be reported in accordance with Section 200.516(a) of the Uniform Guidance Yes No

Identification of major programs:

<u>Federal CFDA Number</u>	<u>Name of Federal/Local Program</u>
93.224	Health Center Program

Dollar threshold used to distinguish between Type A and Type B programs \$750,000

Auditee qualified as low-risk auditee? Yes No

SECTION II - FINANCIAL STATEMENT FINDINGS

There were no findings related to the financial statements which are required to be reported in accordance with generally accepted Government Auditing Standards (GAGAS).

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

There were no findings or questioned costs for Federal awards (as defined in Section 200.516(a) of the Uniform Guidance) that are required to be reported.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Assets – Schedule 1
As of June 30, 2017

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Assets				
Current assets				
Cash and cash equivalents	\$ 875,456	\$ 478,558	\$ -	\$ 1,354,014
Restricted cash	37,530	-	-	37,530
Patient accounts receivable, net	669,637	-	-	669,637
Estimated third-party settlements	96,663	-	-	96,663
Contracts and grants receivable	1,566,012	-	-	1,566,012
Prepaid expenses and other receivables	723,892	-	-	723,892
Total current assets	<u>3,969,190</u>	<u>478,558</u>	<u>-</u>	<u>4,447,748</u>
Property and equipment, net	<u>2,753,763</u>	<u>2,830,901</u>	<u>691,193</u>	<u>6,275,857</u>
Other assets				
Other assets	121,133	-	(121,133)	-
Investment in subsidiary	691,193	-	(691,193)	-
Total other assets	<u>812,326</u>	<u>-</u>	<u>(812,326)</u>	<u>-</u>
Total assets	<u>\$ 7,535,279</u>	<u>\$ 3,309,459</u>	<u>\$ (121,133)</u>	<u>\$ 10,723,605</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Liabilities and Net Assets – Schedule 1

As of June 30, 2017

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Liabilities				
Current liabilities				
Accounts payable	\$ 83,396	\$ 14,100	\$ -	\$ 97,496
Accrued expenses and other current liabilities	310,854	16,156	-	327,010
Accrued payroll and related expenses	331,612	-	-	331,612
Accrued earned time	343,266	-	-	343,266
Current portion of long-term debt	50,028	139,720	-	189,748
Current portion of capital lease obligations	2,036	-	-	2,036
Deferred grants and state contract revenue	1,239,148	-	-	1,239,148
Total current liabilities	<u>2,360,340</u>	<u>169,976</u>	<u>-</u>	<u>2,530,316</u>
Lease deposits	<u>-</u>	<u>121,133</u>	<u>(121,133)</u>	<u>-</u>
Long-term debt, less current portion	<u>2,264,412</u>	<u>2,247,791</u>	<u>-</u>	<u>4,512,203</u>
Capital lease obligations, less current portion	<u>3,169</u>	<u>-</u>	<u>-</u>	<u>3,169</u>
Total liabilities	<u>4,627,921</u>	<u>2,538,900</u>	<u>(121,133)</u>	<u>7,045,688</u>
Net assets				
Unrestricted	2,235,910	770,559	-	3,006,469
Temporarily restricted	671,448	-	-	671,448
Total net assets	<u>2,907,358</u>	<u>770,559</u>	<u>-</u>	<u>3,677,917</u>
Total liabilities and net assets	<u>\$ 7,535,279</u>	<u>\$ 3,309,459</u>	<u>\$ (121,133)</u>	<u>\$ 10,723,605</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2017

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 6,386,654	\$ -	\$ -	\$ 6,386,654
Provision for bad debts	194,748	-	-	194,748
Net patient service revenue	6,191,906	-	-	6,191,906
Contracts and grants	2,319,624	-	-	2,319,624
Contributions	91,890	-	-	91,890
Other operating revenue	1,366,473	308,752	(308,211)	1,367,014
Net assets released from restrictions used for operating	7,312	-	-	7,312
Total unrestricted revenue, gains and other support	<u>9,977,205</u>	<u>308,752</u>	<u>(308,211)</u>	<u>9,977,746</u>
Expenses				
Salaries and wages	6,018,733	-	-	6,018,733
Employee benefits	1,330,017	-	-	1,330,017
Insurance	72,067	-	-	72,067
Professional fees	514,978	7,500	-	522,478
Supplies and expenses	1,544,352	13	(308,211)	1,236,154
Depreciation and amortization	182,048	95,536	23,104	300,688
Interest expense	83,257	135,416	-	218,673
Total expenses	<u>9,745,452</u>	<u>238,465</u>	<u>(285,107)</u>	<u>9,698,810</u>
Operating income	<u>231,753</u>	<u>70,287</u>	<u>(23,104)</u>	<u>278,936</u>
Other income (loss)				
Debt discharge income	-	250,000	-	250,000
Loss on investment in subsidiary	(23,104)	-	23,104	-
Total other income (loss)	<u>(23,104)</u>	<u>250,000</u>	<u>23,104</u>	<u>250,000</u>
Excess of revenues over expenses	208,649	320,287	-	528,936
Other changes in unrestricted net assets				
Net assets released from restrictions used for property and equipment	70,684	-	-	70,684
Transfer of net assets	(418,162)	418,162	-	-
Increase (decrease) in unrestricted net assets	<u>(138,829)</u>	<u>738,449</u>	<u>-</u>	<u>599,620</u>
Changes in temporarily restricted net assets				
Contributions	20,751	-	-	20,751
Net assets released from restrictions	(77,996)	-	-	(77,996)
Decrease in temporarily restricted net assets	<u>(57,245)</u>	<u>-</u>	<u>-</u>	<u>(57,245)</u>
Change in net assets	(196,074)	738,449	-	542,375
Net assets, beginning of year	3,103,432	32,110	-	3,135,542
Net assets, end of year	<u>\$ 2,907,358</u>	<u>\$ 770,559</u>	<u>\$ -</u>	<u>\$ 3,677,917</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Assets – Schedule 3
As of June 30, 2016

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Assets				
Current assets				
Cash and cash equivalents	\$ 1,009,778	\$ 435,491	\$ -	\$ 1,445,269
Restricted cash	37,473	-	-	37,473
Patient accounts receivable, net	735,772	-	-	735,772
Estimated third-party settlements	50,000	-	-	50,000
Contracts and grants receivable	1,244,899	-	-	1,244,899
Prepaid expenses and other receivables	508,047	-	-	508,047
Total current assets	<u>3,585,969</u>	<u>435,491</u>	<u>-</u>	<u>4,021,460</u>
Related party note receivable	<u>418,162</u>	<u>-</u>	<u>(418,162)</u>	<u>-</u>
Property and equipment, net	<u>2,803,939</u>	<u>2,926,437</u>	<u>714,297</u>	<u>6,444,673</u>
Other assets				
Deposits and other assets	120,896	-	(120,896)	-
Investment in subsidiary	714,297	-	(714,297)	-
Total other assets	<u>835,193</u>	<u>-</u>	<u>(835,193)</u>	<u>-</u>
Total assets	<u>\$ 7,643,263</u>	<u>\$ 3,361,928</u>	<u>\$ (539,058)</u>	<u>\$ 10,466,133</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Liabilities and Net Assets (Deficit) – Schedule 3

As of June 30, 2016

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 100,923	\$ 6,600	\$ -	\$ 107,523
Accrued expenses and other current liabilities	300,944	16,156	-	317,100
Accrued payroll and related expenses	269,391	-	-	269,391
Accrued earned time	368,116	-	-	368,116
Current portion of long-term debt	48,302	383,110	-	431,412
Current portion of capital lease obligations	1,857	-	-	1,857
Deferred grants and state contract revenue	1,131,021	-	-	1,131,021
Total current liabilities	<u>2,220,554</u>	<u>405,866</u>	<u>-</u>	<u>2,626,420</u>
Lease deposits	<u>-</u>	<u>120,896</u>	<u>(120,896)</u>	<u>-</u>
Related party note payable	<u>-</u>	<u>418,162</u>	<u>(418,162)</u>	<u>-</u>
Long-term debt, less current portion	<u>2,314,224</u>	<u>2,384,894</u>	<u>-</u>	<u>4,699,118</u>
Capital lease obligations, less current portion	<u>5,053</u>	<u>-</u>	<u>-</u>	<u>5,053</u>
Total liabilities	<u>4,539,831</u>	<u>3,329,818</u>	<u>(539,058)</u>	<u>7,330,591</u>
Net assets				
Unrestricted	2,374,739	32,110	-	2,406,849
Temporarily restricted	728,693	-	-	728,693
Total net assets	<u>3,103,432</u>	<u>32,110</u>	<u>-</u>	<u>3,135,542</u>
Total liabilities and net assets	<u>\$ 7,643,263</u>	<u>\$ 3,361,928</u>	<u>\$ (539,058)</u>	<u>\$ 10,466,133</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Operations and Changes in Net Assets – Schedule 2
For the Year Ended June 30, 2016

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 6,318,226	\$ -	\$ -	\$ 6,318,226
Provision for bad debts	350,491	-	-	350,491
Net patient service revenue	<u>5,967,735</u>	<u>-</u>	<u>-</u>	<u>5,967,735</u>
Contracts and grants	1,768,650	-	-	1,768,650
Contributions	9,336	-	-	9,336
Other operating revenue	1,319,338	308,765	(308,211)	1,319,892
Net assets released from restrictions used for operating	198,384	-	-	198,384
Total unrestricted revenue, gains and other support	<u>9,263,443</u>	<u>308,765</u>	<u>(308,211)</u>	<u>9,263,997</u>
Expenses				
Salaries and wages	5,311,523	-	-	5,311,523
Employee benefits	1,118,449	-	-	1,118,449
Insurance	76,446	-	-	76,446
Professional fees	529,307	7,500	-	536,807
Supplies and expenses	1,501,626	2,386	(308,211)	1,195,801
Depreciation and amortization	166,142	95,189	23,104	284,435
Interest expense	77,968	156,043	-	234,011
Total expenses	<u>8,781,461</u>	<u>261,118</u>	<u>(285,107)</u>	<u>8,757,472</u>
Operating income	<u>481,982</u>	<u>47,647</u>	<u>(23,104)</u>	<u>506,525</u>
Other income (loss)				
Loss on disposal of fixed assets	(999)	-	-	(999)
Loss on investment in subsidiary	(23,104)	-	23,104	-
Total other income (loss)	<u>(24,103)</u>	<u>-</u>	<u>23,104</u>	<u>(999)</u>
Excess of revenue over expenses	<u>457,879</u>	<u>47,647</u>	<u>-</u>	<u>505,526</u>
Other changes in unrestricted net assets				
Net assets released from restrictions used for property and equipment	23,104	-	-	23,104
Increase in unrestricted net assets	<u>480,983</u>	<u>47,647</u>	<u>-</u>	<u>528,630</u>
Changes in temporarily restricted net assets				
Contributions	150,000	-	-	150,000
Net assets released from restrictions	(221,488)	-	-	(221,488)
Decrease in temporarily restricted net assets	<u>(71,488)</u>	<u>-</u>	<u>-</u>	<u>(71,488)</u>
Change in net assets	409,495	47,647	-	457,142
Net assets (deficit), beginning of year	<u>2,693,937</u>	<u>(15,537)</u>	<u>-</u>	<u>2,678,400</u>
Net assets, end of year	<u>\$ 3,103,432</u>	<u>\$ 32,110</u>	<u>\$ -</u>	<u>\$ 3,135,542</u>



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Mid-State Health Center Board of Directors

Carol Bears	Voting Member	Term Exp: 6/30/18
Todd Bickford	Voting Member	Term Exp: 6/30/20
Ann Blair	Secretary	Term Exp: 6/30/18
Nicholas Coates	Voting Member	Term Exp: 06/30/21
James Dalley	Voting Member	Term Exp: 6/30/19
Audrey Goudie	Voting Member	Term Exp: 6/30/19
Peter Laufenberg	Vice President	Term Exp: 6/30/20
Richard Manzi	Voting Member	Term Exp: 6/30/19
Timothy Naro	President	Term Exp: 6/30/20
Cynthia Standing	Voting Member	Term Exp: 6/30/18
Jeff White	Treasurer	Term Exp: 6/30/19

Angel Ekstrom, EdD

EDUCATION

Doctor of Education - Curriculum and Instruction, Argosy University, Sarasota, Florida, 2008

Certificate of Advanced Graduate Studies - Educational Leadership Plymouth State University, Plymouth, New Hampshire, 2004

Master of Science - Recreation Administration, University of Nebraska at Omaha, Omaha, Nebraska, 1998

Bachelor of Science - Interdisciplinary, Physical Education and Health, Southwest State University, Marshall, Minnesota, 1996

Associate of Arts - Anoka Ramsey Community College, Anoka, Minnesota, 1993

SELECTED PROFESSIONAL EXPERIENCE

2002- June 2014 Skills Application Teacher - 90% time split position between Academic Affairs and Student Affairs
Plymouth State University, Plymouth, NH
Manage the challenge course. 2002-2008
Health and Human Performance Department - Adventure Education (2002-2009)
Outdoor Center Coordinator

1998- 1999 Lead Wilderness Counselor, Lathrop Park Experiential Program, Walsenburg, CO

1991 - 1996 Activities Coordinator / Counselor, Robert E. Miller (REM), Inc. - Minneapolis and Bloomington, MN and Marshall, MN

UNIVERSITY SERVICE

PAT Committees:

Athletic Council, 2004-2008, 2011, 2012

PAT Observer to Student Senate, 2005-2006

Health & Human Performance (HHP) Department Committees:

Adventure Education Risk Management committee member, 2006-present
Faculty search committee, 2012

Center for Active Living & Wellness Case Statement subcommittee member, 2006-2008

New Majors Orientation committee member, 2004-

2006 Open House Committee member, 2003-2006

Student Scholarship Committees,

Brennan Hart Scholarship committee member, 2003-2014

Outdoor Center Student Scholarships committee chair, 2007-2011

Leadership Effectiveness and Development Series (L.E.A.D.S.) Presenter

PE Center Planning committee member, 2006-2008

Center for Rural Partnerships; Rural Health and Wellness Working Group member, 2006

PROFESSIONAL SERVICE

- Association of Outdoor Recreation and Education (AORE)
 - Board of Directors (BOD) member, 2004-2007
 - Executive Council of AORE (treasurer), 2005-2007
 - Environmental Stewardship Committee BOD Liaison of AORE, 2006-2007
 - Northeast Regional Representative, 2005-2006

COMMUNITY OUTREACH, SERVICE, and CONSULTATION

- Center for Young Children and Families (Plymouth, NH) guest presenter: Bear Hang with Pulley System: How to Keep Food from Bears and Other Wildlife, December 2013
- 20th Anniversary for Rivers Management and Protection Programs (Plymouth, NH) August 2013
- FAST Squad volunteer (Rumney, NH) 2005-2007
- Fire Department volunteer (Rumney, NH) 2005-2007
- Plymouth-Area Renewable Energy Initiative (PAREI) member & volunteer for local energy raisers, 2005-present
- Search and Rescue Lake County volunteer (Leadville, CO) 1999-2001
- Lake County Parks & Recreation (Leadville, CO) board member 1998-2000
- Vice President 1998-2000
- Leadership Leadville participant (Leadville, CO) 2000-2001
- Challenge Course Facilitator Training & Local Operating Procedure Consulting
- University of Wisconsin, Stout
- Mississippi Gulf Coast Community College

SELECTED TRAININGS

- Suicide, Postvention Suicide, and Suicide Postvention Train the Trainer (April 2015)
- Voices Against Violence 30 hour Training (Feb./March 2015)
- Leave No Trace Master Educator (Leave No Trace Center for Outdoor Ethics and National Outdoor Leadership School), 2009
- Trip Leader Training (American Canoe Association), 2008
- High 5 Adventure Learning Center Adventure Practitioners Symposium (Brattleboro, VT), 2007
- Instructor Course (National Outdoor Leadership School 35 day training), 2000
- Advanced Skills and Standards Workshop (Project Adventure 4 day training), 2002
- Horse Packing Seminar (National Outdoor Leadership School), 2000
- Women's Rock Seminar (National Outdoor Leadership School), 2000
- Juvenile Detention Services training program (MN Department of Corrections), 1996
- Time, Stress, and management training (Southwest Technical College, MN), 1996

RECOGNITIONS

- Patricia A. Storer Award nominee (Plymouth State University) 2012
- Distinguished Adjunct Teaching Award nominee (Plymouth State University, Office of the Provost and Vice President for Academic Affairs) 2007
- Leave No Trace Master Educator Course Scholarship recipient (Association of Outdoor Education and Recreation) 2008
- Instructor Course Scholarship recipient (National Outdoor Leadership School) 2000
- Certificate of Appreciation 1998 (U.S. Department of the Interior National Park Service, Great Sand Dunes National Monument) 1998
- Recognition for Research (NWBA/PVA National Basketball Camp) 1997
- Most Valuable Player (University of NE at Omaha Wheelchair Basketball Team) 1997

SHARON BEATY

Career Objective

To apply administrative and financial expertise in the health-care industry, encouraging positive relationships between a growing physician community and its associated medical system, and promoting capabilities of service providers to treat patients effectively while improving financial viability and profitability

Credentials

FACMPE, Fellow of the American College of Medical Practice Executives

Master of Business Administration, Baylor University Bachelor of Science in Chemistry, Texas Tech University

Summary of Qualifications

Expertise in strategic planning, financial management and analysis and contract negotiations with providers and managed-care entities. Administrative skills, specifically in management of medical facilities. Experience in operations, finance, and billing including regulatory compliance and legislative issues. Understanding of ancillary services and procedures. Knowledge of Medicare/Medicaid and third-party-payor billing/ filing requirements. Computer literacy, both software and hardware. Communication and personnel management expertise.

Professional Experience

October 2002 to Present

Chief Executive Officer, Mid-State Health Center, Plymouth, New Hampshire. Direct operations for three clinic sites including strategic planning, marketing, budgeting, contracting and physician management. Develop programs for physician recruitment and retention as well as physician compensation plans. Provide venues for financial reporting and analysis and improvement of revenue streams while assuring access to care for local populations. Attained FQHC Look-Alike status and planned for new facility.

October 1999 to October 2002

Vice President for Business Development, Central Kansas Medical Center, Great Bend, Kansas (as of April 2001) Direct all hospital-owned and contracted practices, strategic planning, marketing, managed-care contracting, billing, and accounts receivable. Responsibilities include direction of outlying operations for multiple specialists, labs, radiology, pathology, and physician recruitment. Develop strategies for physician retention and provision of administrative support and expertise for local physician groups, including contract negotiation. . To expand availability of primary care, recently opened an additional family practice, including acquisition of facility and installation of paperless medical record system.

Director of Clinics and Physician Recruitment, Central Kansas Medical Center, Great Bend, Kansas Administered hospital-owned rural health practices, including strategic planning, marketing, managed-care contracting, billing and accounts receivable. Developed outlying operations for multiple specialists. Act as physician recruiter, developing strategies for physician retention and providing administrative support and expertise for local physician groups, including contract negotiation. Improved internal medicine practice, reducing losses by 55% in first year, with projection of 10% profit (above physician salaries) for coming budget

year. Developed hospital-owned family practice in adjacent community, remodeling building to house practice and separate specialty clinic.

January 1998 to October 1999

Administrator, Abilene Lung Physicians, Abilene, Texas Full responsibility for management of practice including long-term planning, managed care contracting, accounts receivable, accounts payable, maintenance of computer software (including formatting and design of system) and hardware, payroll, personnel, and retirement planning. Served as consultant to other physician groups concerning billing and insurance claims, as well as cost reporting for rural health clinics.

July 1994 to December 1997

Administrator, Rolling Plains Rural Health Clinic and Rolling Plains Physicians Office, Sweetwater, Texas Merged six individual physician practices, including two nurse practitioners, full-reference laboratory, radiology department, and forty employees. Developed and installed systems for billing, collections, and personnel management, including provisions for rural health clinic status, cost reporting and billing. Increased revenues by more than 80% in two and one-half years while maintaining profitability of above 50%. Oversaw all aspects of design and construction of new facility, from initial planning to transition management, including development of financing package and all contracting.

May 1981 to July 1994

Private consultant for professional offices Consulted for professional practices including medical practices: Researched needs for software and hardware. Purchased and installed computer systems. Evaluated office management performance and recommended and implemented solutions for office problems or limitations. Served on the elected board of the Nolan County Hospital District, 1991-1993.

September 1979 to May 1981

Research Assistant, Center for Private Enterprise and Entrepreneurship, Hankamer School of Business, Baylor University, Waco, Texas. Interviewed and surveyed national sample of entrepreneurs and their lifetime experiences while pursuing graduate studies.

January 1974 to September 1979

Laboratory Director, Rolling Plains Memorial Hospital, Sweetwater, Texas Served on Joint Commission Accreditation Committee, and assisted hospital administrator with public relations. Recognized future needs for administrative expertise that would be required for medical service industry to adapt to a new era. Resigned to acquire MBA.

Memberships and Interests

Fellow in American College of Medical Practice Executives, Medical Group Management Association, National Assoc. of Rural Health Clinics, Rotary International, former member of Taylor County Board of American Heart Association, former board member of West Texas Girl Scout Council, enjoy skiing and scuba diving as well as musical interests and community theatre.

References upon Request

William Sweeney

- Objective** Seeking a challenging and rewarding job in finance and accounting within a medical office context.
- Education** 5/1997 Plymouth State College Plymouth, NH
Bachelor's of Science in Accounting
- Graduated Cum Laude with a 3.33 GPA on a 4.0 scale.
 - Minor in Mathematics
- Professional experience** 1/1997-Present Mid-State Health Center Plymouth, NH
Chief Financial Officer
- Prepare financial statements, reconcile bank account and compile provider productivity which is used to calculate their salary. Experience with billing office and hospital charges for PCP office, management of employees, use of MS Office, and some technical support ability; bill all hospital and home visit claims for 10 providers, supervise business office staff, assist reception staff to ensure proper charge entry for office visits, and answer coding questions from providers, receptionists, and other business office personnel. Download and transmit all insurance claims and patient statements to a clearinghouse. Created a hospital procedures form for out of office procedures.
- References** Available upon request.
- Awards received**
- Dean's list, spring semester 1994
 - President's list, fall semester 1994
 - Dean's list, spring semester 1995
 - Certificate of Merit, May 1995
 - Certificate of Merit, May 1996
 - Certificate of Attendance: Troubleshooting, Maintaining & Upgrading PCs

Samuel Appiah

QUALITY IMPROVEMENT ANALYST - COMMUNITY HEALTHLINK- UMASS MEMORIAL

Authorized to work in the US for any employer

WORK EXPERIENCE

QUALITY IMPROVEMENT ANALYST

COMMUNITY HEALTHLINK- UMASS MEMORIAL - Worcester, MA - 2016-04 - Present

- Responsible for understanding the clinical and operational implications of measuring patient safety, core measures, patient satisfaction and utilization management and performing necessary database and statistical analyses for evaluating trends in process, resource utilization, patient outcomes, satisfaction levels, cost and functional outcomes; Produce descriptive and analytic reports in support of quality improvement programs and develop a thorough understanding of clinical and operational data systems integral to providing analytical support and project management for performance initiatives;

- Provide ad hoc data query and analysis support for hospital end-users that involve clinical interpretation of data (such as diagnoses, procedures, complications, mortalities, disease and utilization management) while ensuring integrity and quality of data and acting as a consultant within the health system in planning group processes and facilitating continuous data development and enhanced reporting.

- Participates on multi-disciplinary clinical quality improvement teams.

- Participates in the training/mentoring of leadership in performance improvement methodology.

- Works with project teams to develop and implement measures.

- Designs complex data analysis tools.

- Analyzes and organizes data to facilitate targeted clinical interventions aimed at improving patient care and institutional strategic planning.

- Conducts analysis to ascertain the most efficient, effective and productive processes to accomplish department goals and objectives.

- Recommends methods to ensure maximum utilization of facilities and human resources.

- Identifies systems specifications and/or technical changes to procedures for transition and/or development of automated processes.

- Documents business and systems requirements of departments for use in development of processes and systems.

- Provides guidance in procedural development process to department administration.

- Uses PDSA cycles in solving problems.

- Knowledge about LEAN principles and the use of FMEA

- Conducts LEAN White Belt trainings to new employees.

PROJECT MANAGER

COMMUNITY HEALTHLINK - Worcester, MA - 2015-03 - 2016-04

- Responsible for monitoring all aspects of assigned projects. This may include, but is not limited to: project deliverables such as project charter, scope, timelines, resources, budget, risks and issues, relationships, and communication.

- Responsible for managing the organization's website including staff web.

- Responsible for implementation of our new electronic health record systems

- Responsible for ensuring that project is delivered on time, within budget, and meets or exceeds quality expectations.
- Provides project management coordination, support, and assistance in all aspects of project analysis, management, and closure. This includes assisting with communications, following-up on issues and actions, and tracking multiple project components.
- Performs repeatable project coordination to achieve the initiating, planning, executing, monitoring/controlling, and closing processes for assigned projects.
- Collects and analyzes project or program metrics in coordination.
- Helps track and document completion of work plan activities.
- Monitors/manages low to moderate complexity projects according to plan, measures and raises concerns or risks, as appropriate with limited supervision.
- Collects data and performs analysis to assist in preparing, portfolio, program or project progress reports
- Identifies and participates in quality improvement projects/activities
- Engages in all necessary training that is related to job performance.
- Performs other related professional duties required in order to provide quality project management services

ENROLLMENT OPERATIONS REPRESENTATIVE

FALLON COMMUNITY HEALTH PLAN - Worcester, MA - 2012-10 - 2015-03

- Provide knowledgeable response to internal and external customer inquiries and concerns regarding enrollment processes with regards to qualifying events, policies and procedures, ID cards, and selection of primary care physicians
- Reconcile membership/billing reports with employer group or intermediary data to ensure accuracy of information
- Provide all necessary eligibility support to the Sales department as needed
- Maintain current inventory and timely closure of all assigned issues
- Process all transactions related to subscriber/member data in a timely and accurate manner
- Maintain active and consistent availability on the phone system as scheduled
- Participate in departmental and company-wide process improvement projects as assigned

DATA ENTRY SPECIALIST

IRON MOUNTAIN - Northborough, MA - 2012-05 - 2012-06

- Entered alphabetic, numeric, or symbolic data from source document
- Compared data entered with source documents to ensure accuracy
- Re-entered data in verification format to detect errors
- Compiled, sorted, and verified the accuracy of data to be entered
- Entered commands to store/save the data in the computer

LOGISTICS AND OPERATIONS ASSISTANT

MTM LABORATORY - Westborough, MA - 2011-12 - 2012-03

- Performed data entry with the use of JD Edwards to check inventory availability
- Processed all customer orders and distributed requests to appropriate recipients
- Sent efax and email confirmation to customers confirming their orders
- Extracted pages from customers' files and mailed them their order acknowledgement
- Posted all checks related to customer orders into their respective files
- Recorded inventory after all the customer orders had been shipped with the use of JD Edwards
- Answered phones calls to take customer orders

SOCCER COACH

PITTSBURGH RIVER HOUNDS ACADEMY - Pittsburgh, PA - 2011-04 - 2011-08

Coached young children and young adults in the discipline and techniques of soccer.

Pittsburgh River Hounds - Pittsburgh, PA - 2011 - 2011

Regular starter for the Pittsburgh River Hounds.

Houston Dynamo Major League Soccer - Houston, TX - 2010 - 2011

Played professional soccer in a team setting

CONVERSION CREW

BOSTON UNIVERSITY'S AGGANIS ARENA - Boston, MA - 2009-01 - 2010-01

Designed performance stage for all concerts and converted the arena for basketball and hockey games

DATA ENTRY CLERK/OPERATIONS STAFF/CSR

BOSTON UNIVERSITY'S ATHLETIC DEPARTMENT - Boston, MA - 2006-09 - 2009-05

- Served as facilities/operations staff and ensured that venues for athletic events were well organized and set up.
- Received and directed calls within the athletics department
- Assisted guests as needed

Midfielder/Captain

Massachusetts Men's U - Boston, MA - 2007 - 2009

OPERATIONS STAFF/CSR

BOSTON UNIVERSITY'S ATHLETIC DEPARTMENT - Boston, MA - 2007-05 - 2008-05

- Ensured that inventories of all microwaves and fridges were documented
- Took customer requests for either microwaves or rack raisers and supplied them their needs
- Prepared weekly expense reports

Captain/ Midfielder

Boston University Men's Soccer Team - Boston, MA - 2006 - 2008

EDUCATION

Bachelor of Science in Business Administration and Business Management

BOSTON UNIVERSITY - Boston, MA

MBA

Assumption College - Worcester, MA

SKILLS

OPERATIONS, PROJECT MANAGEMENT, BELT CERTIFIED, BLACK BELT, CUSTOMER SERVICE

ADDITIONAL INFORMATION

SKILLS

- Chairman of Inclusion Initiative Committee (Advisory Committee)
- Yellow and White Belt Certified (Lean)
- Member of Clinical Practices Operational Committee

- High knowledge of issues relating to quality improvement and LEAN principles (Sigma Six), project management, business management, banking and operations management
- Thorough knowledge in issues relating to customer service and business administration
- Excellent problem and conflict resolution skills
- Strong analytical, facilitation reasoning and independent decision-making skills
- Demonstrated ability to work well in a high pace and on a multidisciplinary team
- Self-motivated, able to set effective priorities and implement decisions to achieve immediate and long term goals
- Computer literacy: SharePoint, Microsoft Projects, Microsoft Project Web App, Microsoft PowerPoint, QNXT, Caremark, Emdeon, Avenue, Microsoft Word, Microsoft Excel, information retrieval, internet etc.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Mid-State Health Center

Name of Program: Regional Public Health Network Services

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Angel Ekstrom	PHN Coordinator	\$54,536	100.00%	\$54,536.00
Sharon Beaty	CEO	\$188,115	0.00%	\$0.00
Bill Sweeney	CFO	\$132,100	1.75%	\$2,311.75
Samuel Appiah	Director of Quality	\$69,532	0.70%	\$486.72
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$57,334.47

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Angel Ekstrom	PHN Coordinator	\$56,970	100.00%	\$56,970.00
Sharon Beaty	CEO	\$199,992	0.00%	\$0.00
Bill Sweeney	CFO	\$136,063	1.50%	\$2,040.95
Samuel Appiah	Director of Quality	\$69,998	0.75%	\$524.99
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$59,535.93



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 I-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



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Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

VENDOR NAME	REGION SERVED	SFY 2018	SFY 2019	TOTAL
City of Nashua	Nashua	403,322	394,322	797,644
County of Cheshire	Cheshire	290,387	290,387	580,774
Goodwin Community Health	Strafford	393,815	393,815	787,630
Granite United Way	Capital	394,453	394,453	788,906
Granite United Way	Carroll	385,649	385,649	771,298
Granite United Way	South Central	372,807	384,432	757,239
Lamprey Health Care	Seacoast	376,583	377,151	753,734
Lakes Region Partnership for Public Hlth	Winnepesaukee	388,512	388,512	777,024
Manchester Health Dept.	Manchester	583,872	583,872	1,167,744
Mary Hitchcock Mem Hsp	Sullivan	379,040	376,499	755,539
Mary Hitchcock Mem Hsp	Upper Valley	383,388	377,629	761,017
Mid-State Health Center	Central	385,391	385,391	770,782
North Country Health Consortium	North Country	473,269	473,269	946,538
		\$5,210,488	\$5,205,381	\$10,415,869

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

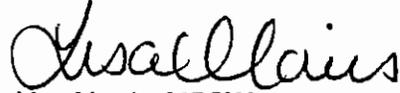
Area served: statewide.

Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

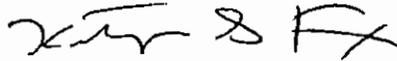
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

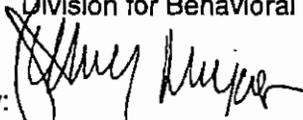


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor #: 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health.

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)
1. <u>City of Nashua</u>
2. <u>County of Cheshire</u>
3. <u>Mary Hitchcock Memorial Hospital (Sullivan Co)</u>
4. <u>Mary Hitchcock Memorial Hospital (Upper Valley)</u>
5. <u>Goodwin Community Health</u>
6. <u>Granite United Way (Carroll Co)</u>
7. <u>Granite United Way (Capital Area PH)</u>
8. <u>Granite United Way (South Central)</u>
9. <u>Lakes Region Partnership for Public Health</u>
10. <u>Lamprey Health Care</u>
11. <u>Manchester Health Dept</u>
12. <u>Mid-State Health Center</u>
13. <u>North Country Health Consortium</u>

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP Name

RFP-2018-DPHS-01-REGION

RFP Number

Reviewer Names

Bidder Name (PHEP)

1.	City of Nashua
2.	Manchester Health Dept
3.	0
4.	0
5.	0
6.	0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

44.12

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-12

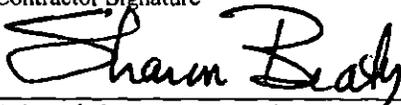
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mid-State Health Center		1.4 Contractor Address 101 Boulder Point Road, Suite 1 Plymouth, NH 03264	
1.5 Contractor Phone Number 603-536-4000 Ext 1002	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$770,782
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Sharm Beaty, CEO	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>May 8, 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <u>Jean A. Monroe Exp 4-9-2019</u>			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Jean Monroe</u>			
1.14 State Agency Signature <u>Lisa Morris</u> Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <u>Megan A. Y...</u> On <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default");

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Exhibit A

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.

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Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnipesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
 - 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
 - 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
 - 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.

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Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.

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Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

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Exhibit A

- 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
- 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,



Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.

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Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

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Exhibit A

- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
- 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
 - 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

- 7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
 - 7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
 - 7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

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Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H231P000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



Exhibit B

2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 11,000.00	\$ -	\$ 11,000.00	
2. Employee Benefits	\$ 2,750.00	\$ -	\$ 2,750.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,000.00	\$ -	\$ 1,000.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 750.00	\$ -	\$ 750.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 7,000.00	\$ -	\$ 7,000.00	
11. Staff Education and Training	\$ 2,500.00	\$ -	\$ 2,500.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 5,000.00	\$ -	\$ 5,000.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: *MS*

Date: 5/18/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 11,000.00	\$ -	\$ 11,000.00	
2. Employee Benefits	\$ 2,750.00	\$ -	\$ 2,750.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,000.00	\$ -	\$ 1,000.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 750.00	\$ -	\$ 750.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 7,000.00	\$ -	\$ 7,000.00	
11. Staff Education and Training	\$ 2,500.00	\$ -	\$ 2,500.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 5,000.00	\$ -	\$ 5,000.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

\$ -

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 57,334.49	\$ -	\$ 57,334.49	
2. Employee Benefits	\$ 13,725.51	\$ -	\$ 13,725.51	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 250.00	\$ -	\$ 250.00	
6. Travel	\$ 3,000.00	\$ -	\$ 3,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 720.00	\$ -	\$ 720.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 150.00	\$ -	\$ 150.00	
13. Other (specific details mandatory):	\$ 820.00	\$ -	\$ 820.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 76,000.00	\$ -	\$ 76,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 59,535.54	\$ -	\$ 59,535.54	
2. Employee Benefits	\$ 13,024.46	\$ -	\$ 13,024.46	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 250.00	\$ -	\$ 250.00	
6. Travel	\$ 1,500.00	\$ -	\$ 1,500.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 720.00	\$ -	\$ 720.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 150.00	\$ -	\$ 150.00	
13. Other (specific details mandatory):	\$ 820.00	\$ -	\$ 820.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 76,000.00	\$ -	\$ 76,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: MB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,366.40	\$ -	\$ 2,366.40	
2. Employee Benefits	\$ 591.60	\$ -	\$ 591.60	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 75,495.00	\$ -	\$ 75,495.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 78,453.00	\$ -	\$ 78,453.00	

Indirect As A Percent of Direct

\$ -

0.0%

Contractor Initials: 

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Budget Request for: Regional Public Health Network Services - SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,366.40	\$ -	\$ 2,366.40	
2. Employee Benefits	\$ 591.60	\$ -	\$ 591.60	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 75,495.00	\$ -	\$ 75,495.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 78,453.00	\$ -	\$ 78,453.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: JB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,366.40	\$ -	\$ 2,366.40	
2. Employee Benefits	\$ 591.60	\$ -	\$ 591.60	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 77,238.00	\$ -	\$ 77,238.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 80,196.00	\$ -	\$ 80,196.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$2,366.40	\$-	\$ 2,366.40	
2. Employee Benefits	\$591.60	\$-	\$ 591.60	
3. Consultants	\$ -	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$-	\$-	\$ -	
6. Travel	\$-	\$-	\$ -	
7. Occupancy	\$-	\$-	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$-	\$-	\$ -	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$-	\$-	\$ -	
11. Staff Education and Training	\$-	\$-	\$ -	
12. Subcontracts/Agreements	\$77,238.00	\$-	\$ 77,238.00	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 80,196.00	\$ -	\$ 80,196.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ -	\$ -	\$ -	
2. Employee Benefits	\$ -	\$ -	\$ -	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 20,000.00	\$ -	\$ 20,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ -	\$ -	\$ -	
2. Employee Benefits	\$ -	\$ -	\$ -	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 20,000.00	\$ -	\$ 20,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ -	\$ -	\$ -	
2. Employee Benefits	\$ -	\$ -	\$ -	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 90,000.00	\$ -	\$ 90,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,200.00	\$ 11,191.00	\$ 90,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: JB

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$-	\$-	\$ -	
2. Employee Benefits	\$-	\$-	\$ -	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$-	\$-	\$ -	
6. Travel	\$-	\$-	\$ -	
7. Occupancy	\$-	\$-	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$-	\$-	\$ -	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$-	\$-	\$ -	
11. Staff Education and Training	\$-	\$-	\$ -	
12. Subcontracts/Agreements	\$90,000.00	\$-	\$ 90,000.00	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 90,000.00	\$ -	\$ 90,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: JB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 6,200.00	\$ -	\$ 6,200.00	
2. Employee Benefits	\$ 1,550.00	\$ -	\$ 1,550.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 350.00	\$ -	\$ 350.00	
6. Travel	\$ 500.00	\$ -	\$ 500.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 500.00	\$ -	\$ 500.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 142.00	\$ -	\$ 142.00	
12. Subcontracts/Agreements	\$ 1,000.00	\$ -	\$ 1,000.00	
13. Other (specific details mandatory):	\$ 500.00	\$ -	\$ 500.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 10,742.00	\$ -	\$ 10,742.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

**Regional Public Health Network Services -
Budget Request for: SBC**
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 6,200.00	\$ -	\$ 6,200.00	
2. Employee Benefits	\$ 1,550.00	\$ -	\$ 1,550.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 350.00	\$ -	\$ 350.00	
6. Travel	\$ 500.00	\$ -	\$ 500.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 500.00	\$ -	\$ 500.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 142.00	\$ -	\$ 142.00	
12. Subcontracts/Agreements	\$ 1,000.00	\$ -	\$ 1,000.00	
13. Other (specific details mandatory):	\$ 500.00	\$ -	\$ 500.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 10,742.00	\$ -	\$ 10,742.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: SB

Date: 5/8/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

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- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed, because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further; that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

New Hampshire Department of Health and Human Services
Exhibit C



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including; but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or

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more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis

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New Hampshire Department of Health and Human Services
Exhibit C



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

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Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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New Hampshire Department of Health and Human Services
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

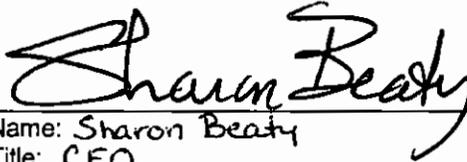
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name:

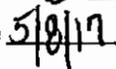

Name: Sharon Beaty
Title: CEO

Date _____

Contractor Initials



Date





CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name:


Name: Sharon Beaty
Title: CEO

5/8/2017
Date



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Order of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

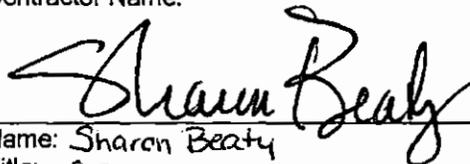
PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:



Name: Sharon Beauty
Title: CEO

5/8/17
Date



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

JB

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

5/8/17

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

5/8/17
Date

Contractor Name:

Sharon Beatty
Name: Sharon Beatty
Title: CEO

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials SB

Date 5/8/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/8/17
Date

Sharon Beatty
Name: Sharon Beatty
Title: CEO

Contractor Initials SB
Date 5/8/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "**Breach**" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "**Business Associate**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "**Covered Entity**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "**Designated Record Set**" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "**Data Aggregation**" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "**Health Care Operations**" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "**HITECH Act**" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "**Individual**" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "**Privacy Rule**" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "**Protected Health Information**" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

SR

5/8/17



Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

SB

5/8/17



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

SB

5/8/17



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) l, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
 The State
Lisa Morris
 Signature of Authorized Representative
 Lisa Morris, MSSW
 Name of Authorized Representative
 Director
 Title of Authorized Representative
5/23/17
 Date

Mid-State Health Center
 Name of the Contractor
Sharon Beaty
 Signature of Authorized Representative
 Sharon Beaty
 Name of Authorized Representative
 CEO
 Title of Authorized Representative
5/8/2017
 Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

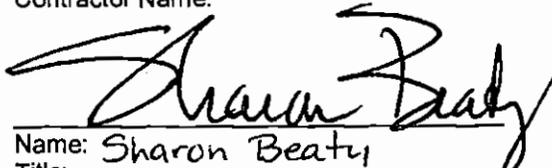
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

5/8/17
Date

Contractor Name:


Name: Sharon Beaty

Title: CEO

Contractor Initials

Date 5/8/17



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 109385625
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

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5/8/17



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the North Country Health Consortium (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 262 Cottage Street, Suite 230, Littleton, NH 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$865,522.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
-------------------------------	----------	---------
 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
5. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

6. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
7. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
8. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/1/18
Date

[Signature]
Lisa Morris
Director

North Country Health Consortium

5/29/18
Date

[Signature]
Name: Wendy Frank
Title: CEO

Acknowledgement of Contractor's signature:

State of New Hampshire, County of Grafton on 5/29/18, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Karen Hoyt, Notary Public
Name and Title of Notary or Justice of the Peace
Notary Public - New Hampshire
My Commission Expires September 27, 2022

My Commission Expires: _____



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/18
Date

L. Cusack
Name: Lynmarie Cusack
Title: Sr Asst AG

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



Exhibit A-1

- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

**Regional Public Health Network Services -
Budget Request for: CoC**

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 26,946.00	\$ 3,287.41	\$ 30,233.41	
2. Employee Benefits	\$ 5,928.00	\$ 723.22	\$ 6,651.22	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 282.00	\$ 34.40	\$ 316.40	
6. Travel	\$ 725.00	\$ 88.45	\$ 813.45	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,043.00	\$ 127.25	\$ 1,170.25	
9. Software (Internet Access)	\$ 810.00	\$ 97.70	\$ 907.70	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 435.00	\$ 53.07	\$ 488.07	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
		\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 36,169.00	\$ 4,411.50	\$ 40,580.50	

Indirect As A Percent of Direct

12.2%

RFP-2018-DPHS-01-REGION-13

Contractor Initials: n2

Page 1 of 1

Date: 5/29/18

NONPROFIT RATE AGREEMENT

EIN: 1020503184A1

DATE:07/10/2017

ORGANIZATION:

North Country Health Consortium, Inc.

262 Cottage Street, Suite 230

PO Box 438

Littleton, NH 03561

FILING REF.: The preceding agreement was dated 07/27/2016

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	10/01/2015	09/30/2016	12.20	On-Site	All Programs
PROV.	10/01/2016	09/30/2018	12.20	On-Site	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations) and subawards.

ORGANIZATION: North Country Health Consortium, Inc.

AGREEMENT DATE: 7/10/2017

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Treatment of Fringe Benefits: Fringe benefits applicable to direct salaries and wages are treated as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$2,000.

NEXT PROPOSAL DUE DATE

Your next proposal based on actual costs for the fiscal year ending 09/30/17 is due in our office by 03/31/18.

ORGANIZATION: North Country Health Consortium, Inc.

AGREEMENT DATE: 7/10/2017

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

North Country Health Consortium, Inc.

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes -S

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

7/10/2017

(DATE) 5024

HHS REPRESENTATIVE: Edwin Miranda

Telephone: (212) 264-2069

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=PSC, ou=People,
0.9.7342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes -S
Date: 2017.07.17 11:52:21 -0400



Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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5/26/18



Exhibit K

DHHS Information Security Requirements

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

nd

5/29/18



Exhibit K

DHHS Information Security Requirements

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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Exhibit K

DHHS Information Security Requirements

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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Exhibit K

DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



Exhibit K

DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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Exhibit K

DHHS Information Security Requirements

- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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DHHS Information Security Requirements

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

State of New Hampshire

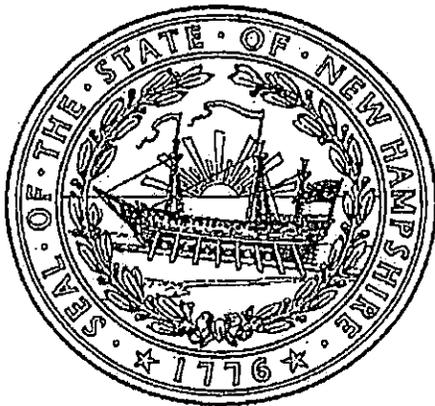
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTH COUNTRY HEALTH CONSORTIUM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 05, 1998. 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: 301456

Certificate Number : 0004083399



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 13th day of April A.D. 2018.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Nancy Bishop, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of North Country Health Consortium
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of
the Agency duly held on April 13, 2018 :
(Date)

RESOLVED: That the Chief Executive Officer
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to
execute any and all documents, agreements and other instruments, and any amendments, revisions,
or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of
the 29th day of May, 2018 .
(Date Amendment Signed)

4. Nancy Frank is the duly elected Chief Executive Officer
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Nancy J. Bishop
(Signature of the Elected Officer)

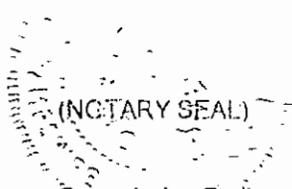
STATE OF NEW HAMPSHIRE

County of Grafton

The forgoing instrument was acknowledged before me this 29th day of May, 2018 ,

By Nancy Bishop
(Name of Elected Officer of the Agency)

Keslee A. Lachie
(Notary Public/Justice of the Peace)



Commission Expires: 11/20/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/22/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Geo M Stevens & Son Co 149 Main Street Lancaster NH 03584		CONTACT NAME: Patricia Emery PHONE (A/C, No, Ext): (603) 788-2555 E-MAIL ADDRESS: pemery@gms-ins.com FAX (A/C, No): (603) 788-3901	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Insurance Co	NAIC #
		INSURER B: MMG Insurance	15997
		INSURER C: Eastern Alliance Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1811809248

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK1755787	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
B	AUTOMOBILE LIABILITY			KA12917940	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> AUTOS ONLY							Uninsured motorist	\$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB612289	01/01/2018	01/01/2019	PER STATUTE		
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE	\$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01-0000114697-00	01/01/2018	01/01/2019	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A					E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Health Consortium
 NH Workers Compensation--excluded officers include Russell Keene, Edward Shanshala II, Nancy Bishop

CERTIFICATE HOLDER**CANCELLATION**

State of NH, DHHS 129 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

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North Country Health Consortium Mission Statement:

“To lead innovative collaboration to improve the health status of the region.”

The North Country Health Consortium (NCHC) is a non-profit 501(c)3 rural health network, created in 1997, as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire.

NCHC is engaged in activities for:

- Solving common problems and facilitating regional solutions
- Creating and facilitating services and programs to improve population health status
- Health professional training, continuing education and management services to encourage sustainability of the health care infrastructure
- Increasing capacity for local public health essential services
- Increasing access to health care for underserved and uninsured residents of Northern New Hampshire.

262 Cottage Street, Suite 230, Littleton, NH 03561

Phone: 603-259-3700; Fax: 603-444-0945

www.nchenh.org • nchc@nchenh.org



**NORTH COUNTRY HEALTH
CONSORTIUM, INC. AND SUBSIDIARY**

CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

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A.M. PEISCH & COMPANY, LLP
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CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of North Country Health Consortium, Inc. (a nonprofit organization) and Subsidiary, which comprise the consolidated statements of financial position as of September 30, 2017 and 2016, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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offices

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Colchester, VT 05446
(802) 654-7255

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(802) 773-2721

30 Congress Street
Suite 201
St. Albans, VT 05478
(802) 527-0505

1020 Memorial Drive
St. Johnsbury, VT 05819
(802) 748-5654

24 Airport Road
Suite 402
West Lebanon, NH 03784
(603) 308-0100

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of North-Country Health Consortium, Inc. and Subsidiary as of September 30, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 9, 2018 on our consideration of North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering North-Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and compliance.

St. Albans, Vermont
March 9, 2018
VT Reg. No. 92-0000102

A. M. Reich & Company, LLP

**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2017 AND 2016**

ASSETS	2017	2016
Current Assets		
Cash and cash equivalents	\$ 1,075,410	\$ 985,845
Accounts receivable, net		
Grants and contracts	548,391	340,530
Dental services	864	9,284
Certificates of deposit	125,540	112,602
Prepaid expenses	9,960	35,326
Restricted cash - IDN	1,021,388	813,235
Total Current Assets	<u>2,781,553</u>	<u>2,296,822</u>
Property and Equipment:		
Computers and equipment	147,392	76,178
Dental equipment	32,808	71,332
Furnitures and fixtures	30,045	32,257
Vehicles	18,677	18,677
Accumulated depreciation	(137,253)	(156,770)
Property and Equipment, Net	<u>91,669</u>	<u>41,674</u>
Other Assets		
Restricted cash - IDN	1,200,000	1,600,000
Certificate of deposit	-	12,418
Total Other Assets	<u>1,200,000</u>	<u>1,612,418</u>
Total Assets	<u>\$ 4,073,222</u>	<u>\$ 3,950,914</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 105,345	\$ 63,105
Accrued expenses	6,921	7,908
Accrued wages and related liabilities	154,454	97,381
Deferred revenue	1,185,265	979,869
Total Current Liabilities	<u>1,451,985</u>	<u>1,148,263</u>
Long-Term Liabilities		
Deferred revenue - Long term portion	1,200,000	1,600,000
Total Long-Term Liabilities	<u>1,200,000</u>	<u>1,600,000</u>
Total Liabilities	<u>2,651,985</u>	<u>2,748,263</u>
NET ASSETS		
Unrestricted	1,421,237	1,202,651
Total Net Assets	<u>1,421,237</u>	<u>1,202,651</u>
Total Liabilities and Net Assets	<u>\$ 4,073,222</u>	<u>\$ 3,950,914</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	2017	2016
Support:		
Grant and contract revenue	<u>\$ 3,493,136</u>	<u>\$ 1,874,936</u>
Revenue:		
Dental patient revenue	121,784	165,687
Fees for programs and services	100,602	182,432
Interest income	5,554	1,528
Other income	2,594	3,056
Total Revenue	<u>230,534</u>	<u>352,703</u>
Total Support and Revenue	<u>3,723,670</u>	<u>2,227,639</u>
Program Expenses:		
Workforce	2,011,467	783,820
Public health	165,264	178,311
Molar	279,213	354,191
CSAP	772,056	452,829
North Country ACO	-	69,353
Total Program Expenses	<u>3,228,000</u>	<u>1,838,504</u>
Management and General	<u>275,938</u>	<u>170,747</u>
Total Expenses	<u>3,503,938</u>	<u>2,009,251</u>
Gain (loss) on sale of property and equipment	<u>(1,146)</u>	<u>-</u>
Change in Net Assets	218,586	218,388
NET ASSETS, Beginning of the Year	<u>1,202,651</u>	<u>984,263</u>
NET ASSETS, End of the Year	<u>\$ 1,421,237</u>	<u>\$ 1,202,651</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2017

	<u>Workforce</u>	<u>Public Health</u>	<u>Molar</u>	<u>CSAP</u>	<u>Total Program</u>	<u>Management & General</u>	<u>Total</u>
Personnel:							
Salaries	\$ 902,285	\$ 72,003	\$ 141,659	\$ 271,561	\$ 1,387,508	\$ 131,822	\$ 1,519,330
Payroll taxes and employee benefits	158,395	12,821	26,335	46,652	244,203	19,635	263,838
Subtotal	<u>1,060,680</u>	<u>84,824</u>	<u>167,994</u>	<u>318,213</u>	<u>1,631,711</u>	<u>151,457</u>	<u>1,783,168</u>
Site Expenses:							
Computer supplies	17,098	1,570	5,135	4,920	28,723	1,698	30,421
Medical and pharmacy supplies	673,678	61,473	70,399	354,919	1,160,469	2,212	1,162,681
Office supplies	17,744	2,588	1,407	9,570	31,309	15,415	46,724
Subtotal	<u>708,520</u>	<u>65,631</u>	<u>76,941</u>	<u>369,409</u>	<u>1,220,501</u>	<u>19,325</u>	<u>1,239,826</u>
General:							
Depreciation	-	-	7,095	-	7,095	23,114	30,209
Dues and memberships	5,185	35	9	9,871	15,100	8,547	23,647
Education and training	4,635	150	1,514	1,730	8,029	8,558	16,587
Equipment and maintenance	270	-	468	-	738	1,727	2,465
Rent and occupancy	39,647	3,279	6,881	11,180	60,987	4,709	65,696
Insurance	5,716	940	1,601	1,609	9,866	582	10,448
Miscellaneous	-	-	-	-	-	5,817	5,817
Payroll processing fees	-	-	-	592	592	5,717	6,309
Postage	2,007	146	348	722	3,223	606	3,829
Printing	3,805	671	1,506	5,276	11,258	426	11,684
Professional fees	27,639	1,601	4,872	11,890	46,002	28,039	74,041
Training fees and supplies	94,846	3,062	407	11,024	109,339	7,712	117,051
Travel	48,119	3,885	3,585	27,635	83,224	8,979	92,203
Telephone	10,398	1,040	975	2,105	14,518	623	15,141
Vehicle expense	-	-	5,017	800	5,817	-	5,817
Subtotal	<u>242,267</u>	<u>14,809</u>	<u>34,278</u>	<u>84,434</u>	<u>375,788</u>	<u>105,156</u>	<u>480,944</u>
Total Expenses	<u>\$ 2,011,467</u>	<u>\$ 165,264</u>	<u>\$ 279,213</u>	<u>\$ 772,056</u>	<u>\$ 3,228,000</u>	<u>\$ 275,938</u>	<u>\$ 3,503,938</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2016

	<u>Workforce</u>	<u>Public Health</u>	<u>Molar</u>	<u>CSAP</u>	<u>North Country ACO</u>	<u>Total Program</u>	<u>Management & General</u>	<u>Total</u>
Personnel:								
Salaries	\$ 388,374	\$ 83,406	\$ 183,302	\$ 197,310	\$ 29,937	\$ 882,329	\$ 70,141	\$ 952,470
Payroll taxes and employee benefits	60,863	14,848	31,030	32,395	4,700	143,836	9,350	153,186
Subtotal	<u>449,237</u>	<u>98,254</u>	<u>214,332</u>	<u>229,705</u>	<u>34,637</u>	<u>1,026,165</u>	<u>79,491</u>	<u>1,105,656</u>
Site Expenses:								
Computer supplies	10,515	2,723	7,751	6,122	579	27,690	2,547	30,237
Medical and pharmacy supplies	169,370	52,704	90,443	134,053	-	446,570	2,088	448,658
Office supplies	15,395	1,427	2,279	7,585	203	26,889	14,124	41,013
Subtotal	<u>195,280</u>	<u>56,854</u>	<u>100,473</u>	<u>147,760</u>	<u>782</u>	<u>501,149</u>	<u>18,759</u>	<u>519,908</u>
General:								
Bad debt	-	-	(976)	-	-	(976)	-	(976)
Depreciation	-	-	6,616	-	-	6,616	9,105	15,721
Dues and memberships	4,598	40	20	25	-	4,683	10,157	14,840
Education and training	4,636	1,370	1,192	370	-	7,568	5,332	12,900
Equipment and maintenance	11,410	-	150	-	-	11,560	2,208	13,768
Rent and occupancy	23,937	6,347	12,765	12,936	1,850	57,835	3,699	61,534
Insurance	2,870	1,305	2,622	1,827	131	8,755	473	9,228
Miscellaneous	25	-	-	-	-	25	7,569	7,594
Data collection contract	-	-	-	-	25,667	25,667	-	25,667
Payroll processing fees	-	-	-	-	-	-	4,570	4,570
Postage	923	256	590	498	79	2,346	437	2,783
Printing	2,795	1,593	1,799	1,375	239	7,801	1,703	9,504
Professional fees	8,460	4,281	6,808	4,930	5,528	30,007	8,187	38,194
Training fees and supplies	60,878	1,751	527	40,228	-	103,384	12,786	116,170
Travel	16,133	5,144	1,886	11,166	378	34,707	5,594	40,301
Telephone	2,638	1,116	1,568	2,009	62	7,393	677	8,070
Vehicle expense	-	-	3,819	-	-	3,819	-	3,819
Subtotal	<u>139,303</u>	<u>23,203</u>	<u>39,386</u>	<u>75,364</u>	<u>33,934</u>	<u>311,190</u>	<u>72,497</u>	<u>383,687</u>
Total Expenses	<u>\$ 783,820</u>	<u>\$ 178,311</u>	<u>\$ 354,191</u>	<u>\$ 452,829</u>	<u>\$ 69,353</u>	<u>\$ 1,838,504</u>	<u>\$ 170,747</u>	<u>\$ 2,009,251</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 218,586	\$ 218,388
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	30,209	15,721
Bad debt expense (recovery)	-	(976)
(Gain)/loss on sale of property and equipment	1,146	-
(Increase) decrease in operating assets:		
Accounts receivable - Grants and contracts	(207,861)	(152,273)
Accounts receivable - Dental services	8,420	(4,292)
Prepaid expenses	25,366	(13,650)
Restricted cash - ACO	-	76,701
Restricted cash - IDN	191,847	(2,413,235)
Increase (decrease) in operating liabilities:		
Accounts payable	42,240	37,459
Accrued expenses	(987)	(3,735)
Accrued wages and related liabilities	57,073	25,401
Deferred revenue	(194,604)	2,292,697
Net cash provided by operating activities	<u>171,435</u>	<u>78,206</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Reinvestment of certificates of deposit interest	(520)	(511)
Purchases of property and equipment	(81,350)	(4,120)
Net cash used by investing activities	<u>(81,870)</u>	<u>(4,631)</u>
Net increase in cash and cash equivalents	89,565	73,575
Beginning cash and cash equivalents	<u>985,845</u>	<u>912,270</u>
Ending cash and cash equivalents	<u>\$ 1,075,410</u>	<u>\$ 985,845</u>

See accompanying notes.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Nature of Activities and Summary of Significant Accounting Policies

Nature of activities

North Country Health Consortium, Inc. and Subsidiary (NCHC) (the Organization) is a not-for-profit health center chartered under the laws of the State of New Hampshire. The Organization's mission is to lead innovative collaboration to improve the health status of the region. NCHC is engaged in promoting and facilitating access to services and programs that improve the health status of the area population, provide health training and educational opportunities for healthcare purposes, and provide region-wide dental services for an underserved and uninsured residents.

The Organization's wholly owned subsidiary, North Country ACO (the ACO), is a non-profit-501(c)(3) charitable corporation formed in December 2011. This entity was formed as an accountable care organization (ACO) with its purpose to support the programs and activities of the ACO participants to improve the overall health of their respective populations and communities. North Country ACO members participate in the Medicare Shared Savings Program to pay for services to Medicare beneficiaries. North Country ACO performs administration and manages the distribution of funds to participants using a patient based model.

Medicare payments to North Country ACO have ceased. The Organization did not submit an application to reapply to the Medicare Shared Savings Program. As a result, North Country ACO was issued a status of non-renewal, and its participation agreement with the Shared Savings Program has been terminated. Substantially all funds have been distributed to participants. A nominal cash balance remained to fund closing activities and completion of the required notifications to participants. After these activities have been completed, it is the intent of the Organization to dissolve North Country ACO.

The Organization's primary programs are as follows:

Network and Workforce Activities – To provide workforce education programs and promote oral health initiatives for the Organization's dental services.

Public Health and CSAP – To conduct community substance abuse prevention activities, coordination of public health networks, and promote community emergency response plan.

Dental Services and Molar – To sustain a program offering oral health services for children and low income adults in northern New Hampshire.

Following is a summary of the significant accounting policies used in the preparation of these consolidated financial statements.

Principles of consolidation

The accompanying consolidated financial statements include the accounts of North Country Health Consortium, Inc. and its wholly owned subsidiary, North Country ACO. All significant inter-company transactions and balances have been eliminated in consolidation.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Use of estimates

In preparing the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of risk

The Organization's operations are affected by various risk factors, including credit risk and risk from geographic concentration and concentrations of funding sources. Management attempts to manage risk by obtaining and maintaining revenue funding from a variety of sources. A substantial portion of the Organization's activities are funded through grants and contracts with private and federal and state agencies. As a result, the Organization may be vulnerable to the consequences of change in the availability of funding sources and economic policies at the agency level. The Organization generally does not require collateral to secure its receivables.

Revenue recognition

Below are the revenue recognition policies of the Organization:

Dental Patient Revenue

Dental services are recorded as revenue within the fiscal year related to the service period.

Grant and Contract Revenue

Grants and contracts are recorded as revenue in the period they are earned by satisfaction of grant or contract requirements.

Fees for Programs and Services

Fees for programs and services are recorded as revenue in the period the related services were performed.

Cash and cash equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Restricted cash - IDN

Restricted cash – IDN consists of advanced funding received from The State of New Hampshire Department of Health and Human Services for the Integrated Delivery Network program (IDN). The original advance of funds of \$2,000,000 is to be used to fund the Organization's cost of administering the IDN over a period of five years, beginning in fiscal year 2017. The remaining balance is to be distributed to participants.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

For the years ending September 30, 2017 and 2016, these amounts were restricted as follows:

	2017	2016
Administration fee to the Organization	\$ 1,600,000	\$ 2,000,000
Distributions to participants	621,388	413,235
	<u>\$ 2,221,388</u>	<u>\$ 2,413,235</u>

Accounts receivable

The Organization has receivable balances due from dental services provided to individuals and from grants and contracts received from federal, state, and private agencies. Management reviews the receivable balances for collectability and records an allowance for doubtful accounts based on historical information, estimated contractual adjustments, and current economic trends. Management considers the individual circumstances when determining the collectability of past due amounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to earnings and a credit to accounts receivable. Any collection fees or related costs are expensed in the year incurred. The Organization recorded an allowance for doubtful accounts for estimated contractual adjustments for dental service of \$7,776 as of September 30, 2017 and 2016, and an allowance for doubtful accounts for grants and contracts of \$0 as of September 30, 2017 and 2016. The Organization does not charge interest on its past due accounts, and collateral is generally not required.

Certificates of deposit

The Organization has three certificates of deposit with one financial institution. These certificates carry original terms of 12 months to 24 months, have interest rates ranging from .40% to .55%, and mature at various dates through September 2018.

Property and equipment

Property and equipment is stated at cost less accumulated depreciation. The Organization generally capitalizes property and equipment with an estimated useful life in excess of one year and installed costs over \$2,500. Lesser amounts are generally expensed. Purchased property and equipment is capitalized at cost.

Property and equipment are depreciated using the straight-line method using the following ranges of estimated useful lives:

Computers and equipment	3-7 years
Dental equipment	5-7 years
Furniture and fixtures	5-7 years
Vehicles	5 years

Depreciation expense totaled \$30,209 and \$15,721 for the years ended September 30, 2017 and 2016, respectively.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Deferred revenue

Deferred revenue is related to advance payments on grants or advance billings relative to anticipated expenses or events in future periods. The revenue is realized when the expenses are incurred or as services are provided in the period earned.

Net assets

The Organization is required to report information regarding its financial position and activity according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted net assets – consist of unrestricted amounts that are available for use in carrying out the mission of the Organization.

Temporarily restricted net assets – consist of those amounts that are donor restricted for a specific purpose. When a donor restriction expires, either by the passage of a stipulated time restriction or by the accomplishment of a specific purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization has elected, however, to show those restricted contributions whose restrictions are met in the same reporting period as they are received as unrestricted support. The Organization had no temporarily restricted net assets at September 30, 2017 and 2016.

Permanently restricted net assets – result from contributions from donors who place restrictions on the use of donated funds mandating that the original principal remain invested in perpetuity. The Organization had no permanently restricted net assets at September 30, 2017 and 2016.

Income taxes

The Organization and the ACO are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and are not classified as private foundations. FASB ASC 740-10 prescribes a recognition threshold and measurement attributable for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Organization is not aware of any such uncertain tax positions. The tax years ending September 30, 2014 through 2017 are still open to audit.

Functional expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the Statement of Activities. Expenses are charged to programs based on direct expenses incurred and certain costs, including salaries and fringe benefits, are allocated to the programs and supporting services based upon related utilization and benefit.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Implementation of new accounting pronouncements

Management is reviewing the following Accounting Standards Updates (ASU) issued by the Financial Accounting Standards Board, which are effective for future years, for possible implementation and to determine their effect on the Organization's financial reporting.

ASU No. 2014-09, *Revenue from Contracts with Customers*. This ASU includes new revenue measurement and recognition guidance, as well as required additional disclosures. The ASU is effective for annual reporting beginning after December 15, 2017, including interim reporting periods within that reporting period. The effect of this ASU has not been quantified.

ASU No. 2016-02, *Leases (Topic 842)*. This ASU requires lessees to recognize the following for all leases (with the exception of short-term leases) at the commencement date; (1) a lease liability, which is the lessee's obligation to make lease payments arising from a lease, measured on a discounted basis; and (2) a right-of-use asset which is an asset that represents the lessee's right to use, or control the use of, a specified asset for the lease term. For short-term leases (term of twelve months or less), a lessee is permitted to make an accounting policy election by class of underlying asset not to recognize lease assets and lease liabilities. If a lessee makes the election, it should recognize lease expense for such leases generally on a straight-line basis over the lease term. The ASU is effective for annual periods, and interim reporting periods within those annual periods, beginning after December 15, 2019. The effect of this ASU has not been quantified.

ASU No. 2016-14, *Not-For-Profit Entities: Presentation of Financial Statements of Not-for-Profit Entities*. The ASU was issued to improve reporting by not-for-profit entities in the areas of net asset classifications and information provided about liquidity. This ASU is effective for fiscal years beginning after December 31, 2017, and interim periods within fiscal years beginning after December 31, 2018. This ASU will increase disclosures in the Organization's financial statements.

ASU No. 2016-18, *Statement of Cash Flows: Restricted Cash*. This ASU clarifies how to report restricted cash in the statement of cash flows. This ASU is effective for fiscal years beginning after December 15, 2018, and interim periods within fiscal years beginning after December 31, 2019. This ASU will have minimal effect on the Organization's financial statements.

Reclassification

Certain amounts in the 2016 financial statements have been reclassified to conform to the current year presentation.

Note 2. Cash Concentrations

The Organization maintains cash balances at two financial institutions. Their bank accounts at the institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per financial institution. The Organization's cash balances exceeded federally insured limits by \$103,495 at September 30, 2017. The Organization has not experienced any losses with these accounts. Management believes the Organization is not exposed to any significant credit risk on cash as of September 30, 2017.

Note 2. Cash Concentrations (Continued)

The Organization attempts to manage credit risk relative to cash concentrations by utilizing "sweep" accounts. The Organization maintains ICS Sweep accounts that invest cash balances in other financial institutions at amounts that do not exceed FDIC insurable limits. All cash at these institutions is held in interest-bearing money market accounts. Interest rates on these balances ranged from .10% to .15% as of September 30, 2017.

Note 3. Operating Leases

The Organization leases office space in Littleton, NH under a three year operating lease that expires in October 2020. The Organization has the option to renew the lease for two additional years.

Future minimum rental payments under lease commitments are as follows:

Year Ended September 30,	
2018	\$ 97,636
2019	103,797
2020	106,911
2021	8,931
Thereafter	-
	<u>\$ 317,275</u>

Lease expense for the aforementioned leases was \$62,100 and \$59,105 for the years ended September 30, 2017 and 2016, respectively.

Note 4. Deferred Revenue

The summary of the components of deferred revenue as of September 30, are as follows:

	2017	2016
Deferred Revenue- IDN	\$ 2,215,782	\$ 2,392,816
Deferred Revenue- Other	169,483	187,053
Total	<u>\$ 2,385,265</u>	<u>\$ 2,579,869</u>

Deferred revenue - IDN

Under the terms of an agreement between the Centers for Medicare and Medicaid Services (CMS) and the State of New Hampshire Department of Health and Human Services, various Integrated Delivery Networks (IDN) are to be established within geographic regions across the state to develop programs to transform New Hampshire's behavioral health delivery system by strengthening community-based mental health and substance use disorder services and programs to combat the opioid crisis. The Organization has been designated to be the administrative lead of one of these IDNs.

Note 4. Deferred Revenue (Continued)

In September 2016, the Organization was awarded a five-year grant from the CMS, passed through the State of New Hampshire Department of Health and Human Services. At that date, the Organization was advanced \$2,413,256 upon fulfillment of the condition of successful submission and state approval of an IDN Project Plan. Of that amount, \$2,000,000 will be retained by the Organization as administrative fees for five years and the remaining funds will be disbursed to participants. For years two through five, the IDNs will continue to earn performance-based incentive funding by achieving defined targets and any funds received will be passed through to the participants.

Note 5. Related Party Transactions

A majority of the Organization's members and the Organization are also members of a Limited Liability Company. There were no transactions between the Limited Liability Company and the Organization's members in 2017 and 2016.

The Organization contracts various services from other organizations of which members of management of these other organizations may also be board members of North Country Health Consortium, Inc. and Subsidiary. Amounts paid to these organizations were \$348,668 and \$121,264 for the years ended September 30, 2017 and 2016, respectively. Outstanding amounts due to these organizations as of September 30, 2017 and 2016 amounted to \$37,950 and \$0, respectively. Outstanding amounts due from these organizations as of September 30, 2017 and 2016 amounted to \$0 and \$1,380, respectively.

Note 6. Retirement Plan

The Organization offers a defined contribution savings and investment plan (the Plan) under section 403(b) of the Internal Revenue Code. The Plan is available to all employees who are 21 years of age or older. There is no service requirement to participate in the Plan. Employee contributions are permitted and are subject to IRS limitations. Monthly employer contributions are \$50 for each part-time employee and \$100 for each full-time employee. Employer contributions for the years ended September 30, 2017 and 2016 were \$26,291 and \$16,725, respectively.

Note 7. Commitment and Contingencies

The Organization receives a significant portion of its support from various funding sources. Expenditure of these funds requires compliance with terms and conditions specified in the related contracts and agreements. These expenditures are subject to audit by the contracting agencies. Any disallowed expenditures would become a liability of the Organization requiring repayment to the funding sources. Liabilities resulting from these audits, if any, will be recorded in the period in which the liability is ascertained. Management estimates that any potential liability related to such audits will be immaterial.

Note 8. Federal Reports

Additional reports, required by *Government Auditing Standards* and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, including the Schedule of Expenditures of Federal Awards, are included in the supplements to this report.

Note 9. Subsequent Events

Subsequent to year end, the Organization received \$1,388,399 from the State of New Hampshire in funding for the IDN grant based on the successful submission and completion of the year 2 plan. The funds will be used for future expenses related to the programs of the grant.

Friendship House

Effective October 1, 2017, the Organization agreed to assume the operations of Friendship House, an outpatient drug and alcohol treatment facility and program from Tri County Community Action Program (TCCAP). The existing facility did not meet various safety codes. The property was sold to Affordable Housing, Education, and Development (AHEAD). AHEAD is constructing a new facility. The facility is to be leased to the Organization for the purpose of continuing the operations of Friendship House. The old building will be demolished after the new building is completed and vacated.

On October 1, 2017, the Organization entered into a lease agreement with AHEAD to lease the premises for \$1 per year until a certificate of occupancy is issued for the new building. Once the certificate of occupancy has been issued, a new five-year lease becomes effective through March 2023, with monthly rent and CAM fee payments of \$19,582. The payment may be adjusted annually each year. The Organization has the option to renew this lease for five additional five year terms.

Under the terms of the program transition agreement, the Organization, at its discretion, offered employment to most of the employees of Friendship House. No liabilities or assets were assumed by the Organization.

In August 2017, the Organization was awarded funding of \$250,000 from the State of New Hampshire Department of Health and Human Services to provide services to bridge the transition of services from TCCAP to the Organization. The funds were received in October 2017.

The Organization has evaluated subsequent events through March 9, 2018, the date the financial statements were available to be issued.



**NORTH COUNTRY HEALTH
CONSORTIUM, INC. AND SUBSIDIARY**

ADDITIONAL REQUIRED REPORTS

SEPTEMBER 30, 2017



NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2017

Federal Grantor/Pass through Grantor/Program Title	Federal CFDA Number	Pass-through Grantor's Subgrant No.	Federal Expenditures
U.S Department of Health and Human Services			
<i>Direct Programs:</i>			
Rural Health Care Services Outreach Program	93.912	D04RH28387	\$ 187,772
Network Development- (9/1/2014-8/31/2017)	93.912	D06RH28031	475,317
Network Development- (7/1/2017-6/30/2020)	93.912	D06RH28031	<u>10,808</u>
			673,897
Health Careers Opportunity	93.329	G06HP27887	<u>131,129</u>
Drug-Free Communities (SAMHSA)- (9/30/2016-9/29/2021)	93.276	1H79SP021539-01	<u>85,013</u>
<i>Total direct programs:</i>			<u>890,039</u>
<i>Passed through the State of New Hampshire:</i>			
Public Health Emergency Preparedness	93.074	U90TP000535	82,286
Public Health Emergency Preparedness	93.074	U90TP000535	<u>7,377</u>
			89,663
Disaster Behavioral Health Response Teams	93.889	U90TP000535	<u>21,250</u>
SAP - 2 Schools	93.243	SPO20796	122,658
SAP - WMCC	93.243	SPO20796	80,272
Young Adult Strategies	93.243	SPO20796	12,654
Young Adult Leadership	93.243	SPO20796	<u>2,050</u>
			217,634
SAP - 5 Schools	93.959	TI010035-16	<u>106,930</u>
School-Based Immunization	93.268	H231P0007757	<u>10,231</u>
Continuum of Care	93.959	TI010035-14	84,899
Continuum of Care	93.959	TI010035-14	20,081
Substance Misuse Prevention	93.959	TI010035-14	<u>79,641</u>
			184,621
Community Health Workers (Cancer)	93.752	58DP003930	<u>124,307</u>
Community Health Workers (Chronic Disease)	93.945	58DP004821	<u>50,773</u>
Public Health Advisory Council	93.758	B010T00937	<u>26,841</u>
<i>Total pass through State of New Hampshire:</i>			<u>832,250</u>
<i>Passed through the University of Dartmouth Area Health Education Center:</i>			
Area Health Education Centers	93.107	U77HP03627-09-01	<u>103,091</u>
<i>Passed through the University of New Hampshire:</i>			
Practice Transformation Network	93.638	Agreement #16-039	<u>543,964</u>
Total Expenditures of Federal Awards			<u>\$ 2,369,344</u>

See accompanying notes to schedule of expenditures of federal awards.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Notes to Schedule of Expenditures of Federal Awards
for the Year Ended September 30, 2017**

Note 1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of North Country Health Consortium, Inc. and Subsidiary (the Organization) under programs of the federal government for the year ended September 30, 2017. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

Note 2. Summary of Significant Accounting Policies

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Pass-through entity identifying numbers are presented where available.
- (3) The Organization did not elect to use the 10% de minimus indirect cost rate.

A.M. PEISCH & COMPANY, LLP
SINCE 1920

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary (the Organization) (a New Hampshire nonprofit organization), which comprise the consolidated statements of financial position as of September 30, 2017, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated March 9, 2018.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of North Country Health Consortium, Inc. and Subsidiary's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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offices

401 Water Tower Circle
Suite 302
Colchester, VT 05446
(802) 654-7255

P.O. Box 326
Rutland, VT 05702
(802) 773-2721

30 Congress Street
Suite 201
St. Albans, VT 05478
(802) 527-0505

1020 Memorial Drive
St. Johnsbury, VT 05819
(802) 748-5654

24 Airport Road
Suite 402
West Lebanon, NH 03784
(603) 266-0100

Compliance and Other Matters

As part of obtaining reasonable assurance about whether North Country Health Consortium, Inc. and Subsidiary's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

St. Albans, Vermont
March 9, 2018
VT Reg. No. 92-0000102

A. M. Peisch & Company, LLP

A.M. PEISCH & COMPANY, LLP
SINCE 1920

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR
EACH MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited North Country Health Consortium, Inc. and Subsidiary's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of North Country Health Consortium, Inc. and Subsidiary's major federal programs for the year ended September 30, 2017. North Country Health Consortium, Inc. and Subsidiary's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of North Country Health Consortium, Inc. and Subsidiary's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about North Country Health Consortium, Inc. and Subsidiary's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of North Country Health Consortium, Inc. and Subsidiary's compliance.

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Opinion on Each Major Federal Program

In our opinion, North Country Health Consortium, Inc. and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2017.

Report on Internal Control Over Compliance

Management of North Country Health Consortium, Inc. and Subsidiary is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered North Country Health Consortium, Inc. and Subsidiary's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of North Country Health Consortium, Inc. and Subsidiary's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

St. Albans, Vermont
March 9, 2018
VT Reg. No. 92-0000102

A. M. Peitch & Company, LLP

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Schedule of Findings and Questioned Costs
Year Ended September 30, 2017**

A. SUMMARY OF AUDITOR'S RESULTS

1. The independent auditor's report expresses an unmodified opinion on whether the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary were prepared in accordance with GAAP.
2. No material weakness or significant deficiencies relating to the audit of the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Governmental Auditing Standards*.
3. No instances of noncompliance material to the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No material weakness or significant deficiencies relating to internal control over compliance for major federal award programs are reported in the Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance.
5. The auditor's report on compliance for the major federal award programs for North Country Health Consortium, Inc. and Subsidiary expresses an unmodified opinion on the major federal program.
6. There were no audit findings that are required to be reported in this schedule in accordance with 2 CFR Section 200.516(a).
7. The program tested as a major program was U.S. Department of Health and Human Services – ACA- Transforming Clinical Practice Initiative: Practice Transformation Networks (CFDA Number 93.638).
8. The threshold for distinguishing Types A and B programs was \$750,000.
9. North Country Health Consortium, Inc. and Subsidiary was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENT AUDIT

There were no reported findings related to the audit of the financial statements for the year ended September 30, 2017.

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAM AUDIT

There were no reported findings related to the audit of the federal program for the year ended September 30, 2017.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Summary Schedule of Prior Audit Findings
Year Ended September 30, 2017**

**2016 and 2015 FINDINGS AND QUESTIONED COSTS – AUDIT OF MAJOR FEDERAL
AWARD PROGRAMS**

2016 Finding:

There were no reported findings related to the audit of the major federal program for the year ended September 30, 2016.

2015 Finding:

There were no reported findings related to the audit of the major federal program for the year ended September 30, 2015.



North Country HEALTH CONSORTIUM

2017 - 2018 Board of Directors

OFFICERS

<p>Ed Shanshala, President (0) (2018) Ammonoosuc Community Health Services Chief Executive Officer 25 Mount Eustis Road Littleton, NH 03561 Phone: 603-444-2464 x 128 Email: ed.shanshala@achs-inc.org</p>	<p>Scott Colby, Treasurer (O) (2020) Upper Connecticut Valley Hospital President 181 Corliss Road Colebrook, NH 03576 Phone: 603-388-4299 Email: scolby@ucvh.org</p>
<p>Vice President (O) (2018) Current vacancy</p>	<p>Nancy Bishop, Secretary (O) (2019) Grafton County Human Services Human Services Administrator 3855 Dartmouth College Highway, Box 2 North Haverhill, NH 03774 Phone: 603-787-2033 Email: nbishop@co.grafton.nh.us</p>

DIRECTORS

<p>Sharon Beaty, Director (2018) Mid-State Health Center Chief Executive Officer 101 Boulder Point Drive, Suite 1 Plymouth, NH 03264 Phone: 603-536-4000 Email: sbeaty@midstatehealth.org</p>	<p>Rev. Curtis Metzger (2019) All Saints' Episcopal Church 35 School Street Littleton, NH 03561 Phone: 603-209-0755 Email: curtismmetzger@yahoo.com</p>
<p>Mike Counter, Director (2018) North Country Home Health & Hospice Agency Executive Director 536 Cottage Street Littleton, NH 03561 Phone: 603-444-5317 Email: mcounter@nchhha.org</p>	<p>Robert Nutter, Director (2018) Littleton Regional Healthcare President 600 St. Johnsbury Road Littleton, NH 03561 Phone: 603-444-9501 x.9501 Email: rnutter@lrhcares.org</p>
<p>Kristina Fjeld-Sparks, Secretary (0) (2020) NH AHEC/Geisel School of Medicine NH AHEC Director 37 Dewey Field Road Hanover, NH 03755 Phone: 603-653-3207 Email: kristina.e.fjeld-sparks@dartmouth.edu</p>	<p>Michael Peterson, Director (2018) Androscoggin Valley Hospital President 59 Page Hill Road Berlin, NH 03570 Phone: 603-326-5602 Email: michael.peterson@avhrh.org</p>



North Country
HEALTH CONSORTIUM

2017 - 2018 Board of Directors

<p><i>Suzanne Gaetjens-Oleson, Director (2018)</i> Northern Human Services Regional Mental Health Administrator Administrative Offices 87 Washington Street Conway NH 03818 Phone: 603-447-8137 Email: sgaetjens@northernhs.org</p>	<p><i>Jeanne Robillard, COO (2019)</i> Tri-County Community Action Program Chief Operating Officer 30 Exchange St. Berlin, NH 03570 Phone: 603-752-7001 Email: jrobillard@tccap.org</p>
<p><i>Ken Gordon, Director (2018)</i> Coos County Family Health Services Chief Executive Officer 54 Willow Street Berlin, NH 03570 Phone: 603-752-3669 x 4018 Email: kgordon@ccfhs.org</p>	<p><i>Fran Cusson, Intrim Director (2018)</i> Androscoggin Valley Home Care Interim Executive Director 795 Main Street Berlin, NH 03570 Phone: 603-752-7505 x 817 Email: fcusson@avhomecare.org</p>
<p><i>Michael Lee, Director (2018)</i> Weeks Medical Center President 173 Middle Street Lancaster, NH 03584 Phone: 603-788-5030 Email: michael.lee@weeksmedical.org</p>	<p><i>Karen Woods, Director (2018)</i> Cottage Hospital Administrative Director 90 Swiftwater Road PO Box 2001 Woodsville, NH 03785 Phone: 603-747-9109 Email: kwoods@cottagehospital.org</p>
	<p><i>Indian Stream Health Center - Vacant</i></p>

Amy Jeroy

Education

- 1993 Tulane University, School of Public Health and Tropical Medicine
New Orleans, Louisiana
Master of Health Administration
- 1990 Tulane University.
New Orleans, Louisiana
Bachelor of Science: Anthropology Minor: Biology

Professional Experience

10/09– PRESENT **Public Health Director**, North Country Health Consortium, Littleton, NH

Oversee and support collaborative work with public and private sector partners to develop and implement public health interventions aimed at fulfilling the 10 essential services of public health in Northern New Hampshire (Coos County and Northern Grafton County). Program areas include: Public Health Emergency Preparedness, Health Improvement Initiative, School Based Immunization Clinics, Continuum of Care Facilitation and North Country Prevention Network (Youth Leadership Through Adventure program, Project Success: Student Assistance Professionals, Coalition building and support, Education/Information Dissemination, Screening, Brief intervention, Referral to Treatment (SBIRT) grant and Support of regional educational opportunities.

Responsibilities include:

- Utilizing community health data;
- Researching and implementing strategies for population-based health promotion and disease prevention;
- Developing and implementing plans to evaluate program activities;
- Coordinating communications activities;
- Providing technical assistance to local citizen groups;
- Supervising program staff;
- Liaising with academic, state, federal, and private departments and agencies involved with public health and prevention work;
- Managing program budgets

11/08 - 10/09 **Workforce Education and Development Program Manager**, Northern New Hampshire Area Health Education Center (AHEC), a program of the North Country Health Consortium, Littleton, NH

Responsibilities include:

- Developing, planning, and coordinating continuing education programs for health and human service providers in northern New Hampshire communities
- Working with the central New Hampshire AHEC to promote health care careers and health professional continuing education
- Managing funding sources and budgets for education programs and projects
- Community health promotion and training activities through the various programs of the North Country Health Consortium.

Volunteer Work

1/12- Present **Board Member**, New Hampshire Public Health Association
9/03 - 9/06 **President**, Littleton Regional Hospital Auxiliary

Career Summary

I am committed to a strength-based, asset-building approach to enhancing individual and community health. I value collaboration in problem solving, and in the delivery of services to people and groups. I believe in the power of community to promote social, spiritual, and physical well-being. My passions: Health, Wellness and Nutrition. I am a raw vegan and a certified Health Coach. In September 2016, I will also be a certified PyroPilates instructor. I am passionate about teaching people healthy ways of living and teaching people how to prepare foods and thrive on a plant based whole foods diet. Lifestyle coaching and guidance is my next step in life. I want to make a difference in the world and help people one day at a time, one meal at a time, or whatever other schedule is needed to inspire and drive people to make healthy changes to improve their way of life.

Skills

WORKING WITH COMMUNITIES AND ORGANIZATIONS

- Conducting community assessments.
- Organizing community events and workshops.
- Presenting to community groups and to the public.
- Facilitating community forums.
- Strategic planning facilitation.
- Member, Board of Directors.

WORKING WITH GROUPS

- Facilitating problem-solving processes with groups.
- Planning and leading trainings for volunteer staff.
- Leading support groups, workshops, and personal-growth activity groups.

ADMINISTRATION

- Managing staff and subcontractors.
- Managing budgets
- Project management.
- Grant writing and reporting.
- Chairing and staffing committees.
- Leading task groups.
- Designing and conducting training for volunteer staff.
- Research reporting.
- Writing for news releases and public relations.
- Developing direct service and prevention programs.

PERSONAL INTERESTS

- Bikram Yoga, Hiking, backpacking, cycling and skiing
- As of September 2016: Teaching PyroPilates
- Making jewelry and natural body products

References Available Upon Request

Kristy Letendre

Objective

Seeking a position that can maximize my 14+ years of SUD clinical and management experience to integrate strategies to develop and expand upon existing community resources to build a robust system of care for North Country communities affected by Substance Use / Behavioral Health Disorders.

Education

WHITE MOUNTAIN COMMUNITY COLLEGE |2014-2016

- Business Administration
- Related coursework: Non-Profit management
- PHI KAPPA DELTA

PLYMOUTH STATE UNIVERSITY |2016- PRESENT

- Business Administration
- Related coursework: Non-Profit management

H.S. DIPLOMA | JUNE 1996 | NEW BEDFORD HIGH SCHOOL

Skills & Abilities

MANAGEMENT

- Ability to provide supervision to 40+ staff and operations of all programs and projects under the division; recruitment, hiring, training, supervision, evaluation, and discharging of program personnel.
- Ability to develop program budgets, monitor/oversee, write and manage grants and financial resources to support Division Programs; monitor compliance with all contracts, applicable state and federal laws, and program specific standards for service delivery and meet all reporting requirements.
- Ability to provide a solution focused approach to create a cohesive productive team
- Ability to develop and implement strategies for improving program deliverables and program fiscal performance.
- Able to develop, meet and exceed strategic goals set by the division and agency.

COMMUNICATION

- Strong written and oral communication skills
- Ability to present controversial information to large audiences while highlighting the positive aspects, capturing the audience attention, and engaging active participation.
- Ability to interact and effectively communicate with people from diverse backgrounds, highlighting teamwork and problem solving.

Experience

COC FACILITATOR	NORTH COUNTRY HEALTH CONSORTIUM	05/2017 - PRESENT
DIRECTOR	TCCAP - CLINICAL SERVICES	04/2016 - 05/2017

DIRECTOR | TCCAP - DIVISION OF ALCOHOL & DRUG SERVICES | 04/2014 - 04/2016
ASSOCIATE DIRECTOR | TCCAP - DIVISION OF ALCOHOL & DRUG SERVICES | 12/2008 - 04/2014
ADMIN ASSISTANT | TCCAP - DIVISION OF ALCOHOL & DRUG SERVICES | 09/2008 - 12/2008
PROGRAM SPECIALIST | TCCAP - DIVISION OF ALCOHOL & DRUG SERVICES | 05/2004 - 09/2008

NANCY FRANK, MPH

PROFESSIONAL EXPERIENCE

North Country Health Consortium

Littleton, New Hampshire

January 2017 – present

Chief Executive Officer

- Responsible for supervision of all agency staff
- Director of the Northern New Hampshire Area Health Education Center
- Lead strategic planning and board development efforts
- Prepare and manage organization's budget
- Provide oversight and technical assistance to all agency projects and programs

August 2011 – January 2017

Executive Director

- Responsible for supervision of all agency staff
- Director of the Northern New Hampshire Area Health Education Center
- Lead strategic planning and board development efforts
- Prepare and manage organization's budget
- Provide oversight and technical assistance to all agency projects and programs

December 2009- July 2011

Development Director/Workforce Development

- Responsible for researching and writing grant applications, developing work plans, identifying funding opportunities
- Serves as North Country Health Consortium Evaluator
- Provides consultation to member organizations and assists in community needs assessment, evaluation, and resource development
- Serves as project director on workforce development initiatives
- Provides supervision to the Workforce Development Program
- Member of NCHC Management Team

Vermont Department of Health

St. Johnsbury, Vermont

November 2006-June 2008

Public Health Supervisor

- Responsible for administration of local public health programs, including school health, immunizations, healthy babies, ladies first (breast and cervical cancer screening), and environmental health
- Participated in local emergency preparedness planning
- Collaborated with community partners to develop community health education prevention programs
- Participated in local community health assessment and identification of public health priorities
- Facilitated local Maternal/Child Health coalition
- Supervision of professional/para-professional staff

Northeastern Vermont Area Health Education Center

St. Johnsbury, Vermont

December 1999–October 2006

Community Resource Coordinator

Program Coordinator, National Community Center of Excellence in Women's Health

- Responsible for coordination of community health education programs in a six county region in Northeastern Vermont
- Collaborated with five regional hospitals to increase access to health information and education programs
- Worked with community partners to plan and implement community health and wellness programs
- Developed community health status reports
- Responsible for grant writing, including successful award for five year federal grant to establish National Community Center of Excellence in Women's Health (CCOE) in Vermont's Northeast Kingdom
- Responsible for all aspects of development, implementation, management, and evaluation of a rural CCOE model
- Responsible for submission of all federal reports and documentation of CCOE program highlights
- Attended and presented at national meetings

Northeastern Vermont Area Health Education Center

St Johnsbury, Vermont

July 1999 – October 1999

Consultant, Community Diabetes Project

- Established partnerships with primary care provider practices to plan and implement diabetes education program
- Developed educational packets for providers and patients with an emphasis on chronic disease management

Vermont Department of Health

Burlington, Vermont

June 1992 – December 1998

Public Health Specialist (February 1998 - December 1998)

Primary Care Coordinator

- Wrote, managed, and administered Federal Grant establishing Vermont's Primary Care Cooperative Agreement
- Assessed access to primary care services for all Vermonters, particularly underserved populations
- Assisted communities, providers, and special populations in development of strategies to increase access to care
- Participated in policy development related to primary care delivery systems
- Responsible for Vermont's applications for Federal Health Professional Shortage Area designations
- Facilitated and coordinated meetings of Primary Care Cooperative Agreement Steering Committee

Maternal and Child Health Planning Specialist (October 1993 - February 1998)

Project Coordinator, State Systems Development Initiative

- Facilitated community health needs assessment process in various communities throughout the state by providing technical assistance for development and data analysis
- Managed community grants focused on integrated health care systems development for children and families.

- Responsible for development of community assessment and evaluation tools.
- Responsible for federal grant and report writing
- Member of statewide advisory boards, including the Primary Care Cooperative Agreement, the Robert Wood Johnson Making the Grade Project, and the Indicator and Outcomes Committee of the State Team for Children and Families

Maternal and Child Health Planning Specialist (June 1992 - September 1993)

- Responsible for statewide planning for maternal and child health programs and policies.
- Evaluated Department of Health programs and make recommendations for programmatic changes
- Responsible for coordinating Vermont's Maternal and Child Health Title V grant proposal and annual report
- Coordinator for statewide systems development project focused on the primary health care needs of children and adolescents in Vermont.
- Vermont Genetics Coordinator - manage contracts and grants with the Vermont Regional Genetics Center
- Responsible for grant and report writing
- Member of Vermont's Child Fatality Review Committee

University of Illinois at Chicago, School of Public Health

Prevention Research Center, Chicago, IL

January 1990 – May 1991

Project Director, Youth AIDS Prevention Project

- Responsible for directing all aspects of a multiple risk reduction HIV prevention education/research project
- Developed comprehensive risk reduction curriculum for 7th and 8th grade students
- Developed research questionnaires for students, parents, and school administrators
- Responsible for writing annual National Institutes of Mental Health progress and evaluation reports
- Participated in budget management of project
- Supervised staff of three health educators and two research assistants

Cook County Department of Public Health

Maywood, Illinois

September 1987 – January 1990

AIDS Education Coordinator (July 1988 - January 1990)

- Responsible for administration, planning and implementation for all HIV/AIDS community and school-based education programs
- Managed subcontracts with community based organizations
- Responsible for writing quarterly progress/evaluation reports submitted to the Illinois Department of Public Health
- Supervised staff of four health educators

Community Health Educator (September 1987 - July 1988)

- Organized and conducted conferences, workshops, training, and classes for students, teachers, and community groups on a variety of public health issues, emphasis on HIV/AIDS and sexuality education

Case Western Reserve University

Cleveland, Ohio

November 1982 – May 1985

Research Assistant, Department of Nutrition

- Primary research assistant for the laboratory analysis component of a project to study the vitamin D levels of bottle-fed versus breast-fed infants

Research Assistant, Department of Medicine

- Prepared statistical and technical data for publications
- Managed research grants

PROFESSIONAL AFFILIATIONS/BOARDS

- Grafton County Mental Health Court, Advisory Council
- New England Rural Health Round Table, Board Member
- New Hampshire Oral Health Coalition, Steering Committee
- New Hampshire Governor's Primary Care Workforce Commission
- National Cooperative of Health Networks
- American Public Health Association

EDUCATION

- May 1987 Master of Public Health, Community Health Sciences, Maternal & Child Health
University of Illinois at Chicago, School of Public Health
- June 1981 Bachelor of Science, Consumer Science
University of Wisconsin - Madison

Colleen Gingue

Self-Starter

Team Player

Task Oriented

Cheerful

Highlights of Qualifications

- Proficient in Microsoft Suite (Access, Excel, Power Point, Word) and Microsoft Outlook (Email, Calendar, Reminder, Notes), QuickBooks Pro, Customer Relationship Management (CRM), SharePoint, ADP, ReportSmith, Red Beam

Experience

Finance Director *North Country Health Consortium* *2012-Present*

- Prepare monthly financial management reporting packages and analyses
 - Present financial statements to Finance Committee and Board
- Direct preparation of monthly, quarterly, and annual budget reports with recommendations for areas of improvements
- Direct administration of financial management systems, strategies, fiscal policy and procedures
- Oversee and participate in annual external audit
 - Review auditor reports and financial statements, and provide recommendation as needed
- Supervise annual insurance renewals and review coverage requirements
- Supervise Administrative Assistant

Multi-Client Bookkeeper Service *Abacus Bookkeeping* *2012*

- Assist Montpelier tax preparer and bookkeeper service with QuickBooks and Intuit ProSeries tax preparation software
 - Concentration in reconciliations, Excel spreadsheets, and analysis

Accounting Manager *microDATA 911, Inc.* *2002-2011*

- Supervise and Participate in Management of Accounting Department
 - Reconcile A/R, A/P, Payroll, Accrual and Prepaid Accounts, Fixed Assets
- Perform Daily Cash Management and Monthly/Annual Projections
- Prepare Financial Reports for Internal and External Distribution
- Team with external CPA for Annual Review and Tax Return Preparation
- Supervise and Participate in Year-End Closing Duties
 - Payroll Multi-State Reporting Requirements
 - Closing Journal Entries and Financial Statement Preparation
 - New year Prepaid, Accrual and Depreciation Journal Entries
 - Interview, Manage Benefits, Provide Employee Reviews & Coaching

Office Manager/Accountant *Gingue Electric Corporation* *1989-2007 (closed)*

- Orchestrate Multitude of Tasks for Successful Business Operation
 - Manage Payroll and Employee Benefit Duties
 - Track Apprenticeship Program Requirements
 - Manage Full-Charge Bookkeeper Duties: A/P, A/R, Financial Reporting
 - Create and Maintain Inventory and Billing Database

Experience (continued)

Accountant *Deerfield Village Furniture* *1999-2002(office closed)*

- Perform A/R, A/P, Payroll, General Ledger, and Financial Reporting Duties

Various Positions with Northern Community Management Corporation *1993-1998*

Property Manager - Administrative Manager - Accounting Manager

Education

- Summa Cum Laude Graduate with Bachelor of Arts Degree in Business Management, Johnson State College
- Cum Laude Graduate with Associate in Science Degree in Accounting, Champlain College

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Nancy Frank	Chief Executive Officer	\$117,587	.20%	\$235
Colleen Gingue	Chief Financial Officer	\$79,564	.20%	\$159
Amy Jeroy	Public Health Director	\$75,925	.50%	\$380
Kristy Letendre	Program Coordinator	\$64,623	40.50%	\$26,172
			TOTAL	\$26,946



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

Table with 5 columns: VENDOR NAME, REGION SERVED, SFY 2018, SFY 2019, TOTAL. Lists 13 vendors and their respective funding amounts for 2018, 2019, and a total of \$10,415,869.

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

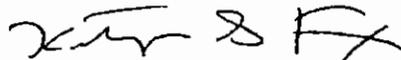
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

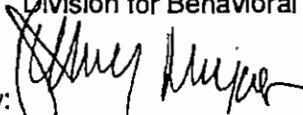


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds**

CFDA #93.959

FAIN #TI010035

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
		Sub-Total		317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
		Sub-Total		317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
		Sub-Total		317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
		Sub-Total		317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jenniter Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP Name

RFP-2018-DPHS-01-REGION

RFP Number

Reviewer Names :

Bidder Name (PHEP)

1.	City of Nashua
2.	Manchester Health Dept
3.	0
4.	0
5.	0
6.	0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. **Neil Twitchell, Administrator I (TECH)**
2. **Rob O'Hannon, Program Specialist III, (TECH)**
3. **Jill Burke, Chief of Prev & Ed Svcs (TECH)**
4. **Valerie Morgan, Administrator II (TECH)**
5. **Jennifer Schirmer, Administrator I (TECH)**
6. **Shelley Swanson, Administrator III, (COST)**
7. **Laurie Heath, Administrator II (COST)**
8. **Phillip Nadeau, Administrator III (COST)**

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

44, 13

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-13

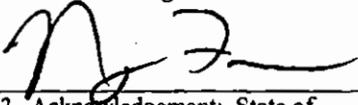
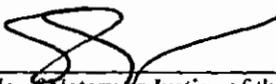
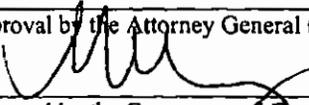
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name North Country Health Consortium		1.4 Contractor Address 262 Cottage Street, Suite 230 Littleton, NH 03561	
1.5 Contractor Phone Number 603-259-3700 ext 223	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731, 05-95-90-902510-2239-102-500731	1.7 Completion Date 06/30/19	1.8 Price Limitation \$946,538
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Nancy Frank, CEO	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>5/8/17</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Amy J Holmes</u>			
1.14 State Agency Signature <u>Lisa Morris</u> Date: <u>5/23/17</u>		Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  <u>Megan A. Cole</u> Attorney <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials n
Date 5/10/17

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.
 - 2.2.7. Provide coordination for responding to behavioral health needs of individuals, families, and communities following disasters and critical incidents. Facilitate increased local and regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities to include training, planning, and exercising behavioral health resources.



3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
- 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
- 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
- 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
- 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
- 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
- 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
- 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
- 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
- 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
- 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
- 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.

3.1.2. Public Health Emergency Preparedness

- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.

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3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.

3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnipesaukee RPHN	Central RPHN
Upper Valley RPHN	

3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018.

3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.

3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.

- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.



3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.
- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
(<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>).
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.



3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.
- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.



Exhibit A

- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.
- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.



Exhibit A

- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
 - 3.1.8.3. Enroll students for vaccination with written parental consent.
 - 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
 - 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
 - 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
 - 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
 - 3.1.8.8. Evaluate clinics' success and areas for improvement.
- 3.1.9. Disaster Behavioral Health Response Team Liaison**
- 3.1.9.1. Establish and maintain relationships, including attending regularly scheduled meetings, with each of the RPHNs, community mental health centers, hospitals, Red Cross Chapters and Department of Safety field representatives in the assigned service area. Engage other stakeholders as appropriate
 - 3.1.9.2. Inform state-level Disaster Behavioral Health Coordinator (DBHC) of local/regional needs and planning issues that may require the attention of the state.
 - 3.1.9.3. Promote behavioral health as an essential component of disaster/emergency planning and responses activities.
 - 3.1.9.4. Integrate disaster behavioral health planning efforts with those of public health, public safety and emergency medical entities to ensure coordination with local, regional and state plans. Ensure sustainability of the behavioral health component of the plans.
 - 3.1.9.5. Participate in the design of and attend all drills, simulations and exercises in the assigned service area. Recruit DBHRT member involvement in drills/exercises. Contribute to after action report and post-deployment check in of participating DBHRT members.
 - 3.1.9.6. Recruit, train, and retain response teams to ensure that team members meet the conditions of their agreement and receive training in order to ensure their capacity to respond to an emergency.
 - 3.1.9.7. Conduct quarterly meetings of DBHRT members to share information, solicit concerns and explore suggestions for improving the team.
 - 3.1.9.8. Coordinate and provide ongoing training for established DBHRT members with the state-level DBHC.
 - 3.1.9.9. Inform state-level DBHC of team member involvement in drills/exercises, training and response to actual events.
 - 3.1.9.10. Maintain regional "GO Kits" for teams.



- 3.1.9.11. Maintain and update annually an accurate and complete resource directory of local behavioral health professionals who are trained to provide acute crisis, intermediate and long term behavioral health support to victims, families, vulnerable populations, first responders and the general public.
- 3.1.9.12. Promote knowledge and use of directory with local city, town and state officials.
- 3.1.9.13. In the event of a disaster/emergency/critical incident, assist in coordinating the behavioral health response with local and state officials and the state-level DBHC.
- 3.1.9.14. Assist in the activation of DBHRT members.
- 3.1.9.15. Coordinate orientation and pre-deployment briefings for DBHRT members.
- 3.1.9.16. Conduct an Initial Community Needs Assessment to determine the local behavioral health needs.
- 3.1.9.17. Serve in a Team Leader role in the absence of team leaders.
- 3.1.9.18. Assist in the coordination of response and recovery efforts. Provide leadership in local planning, coordination and collaboration of behavioral health services to disaster victims.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.



4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.



Exhibit A

- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.
 - 5.1.4.1.8. Meet with a team authorized by the Department once a year or as needed to conduct a site visit.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.



5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.
- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

5.1.8. Disaster Behavioral Response Team Liaison

- 5.1.8.1. Submit quarterly progress reports to DHHS ESU.
- 5.1.8.2. Provide other programmatic updates as requested by DHHS and DPHS.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.



Exhibit A

- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

- 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
- 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.



6.1.6. School-Based Clinics

- 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

6.1.7. Disaster Behavioral Response Team Liaison

- 6.1.7.1. The DBHRTL will receive training in the following areas (with ongoing continuing education in subject matter relevant to disaster behavioral health, emergency preparedness / response, trauma, etc.):
 - 6.1.7.1.1. DBHRT-Initial training
 - 6.1.7.1.2. DBHRT-Team Leader training
 - 6.1.7.1.3. American Red Cross-Disaster Mental Health training
 - 6.1.7.1.4. Federal Emergency Management Agency-Incident Command System (FEMA-ICS) and National Incident Management System (NIMS) training
 - 6.1.7.1.5. Homeland Security and Emergency Management (HSEM)-Emergency Operations Center training
- 6.1.7.2. Attend bi-monthly meetings of PHEP coordinators and Public Health Network Emergency Preparedness Coordinators as available.
- 6.1.7.3. Complete at least one training, in coordination with the State DBHC, to recruit new volunteers.
- 6.1.7.4. Review research specific to Disaster Behavioral Health and trauma for continuous development and revision of training materials.

7. Performance Measures

- 7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.



Exhibit A

- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.



Exhibit A

7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.1.8. Disaster Behavioral Health Response Team Liaison

7.1.8.1. Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

1) The State shall pay the contractor an amount not to exceed the Form-P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

1.1. This contract is funded with funds from the:

1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B010T009037

1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds

1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds

1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796

1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757

1.1.6. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.

1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

2) Payment for said services shall be made monthly as follows:

2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.

2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.

2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.



Exhibit B

- 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Budget Request for: Regional Public Health Network Services - PHAC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Costs
1. Total Salary/Wages	\$ 19,734.00	\$ 2,466.75	\$ 22,200.75	
2. Employee Benefits	\$ 3,940.00	\$ 492.50	\$ 4,432.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,355.00	\$ 169.00	\$ 1,524.00	
6. Travel	\$ 400.00	\$ 50.00	\$ 450.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 640.00	\$ 80.00	\$ 720.00	
9. Software	\$ 598.00	\$ 74.75	\$ 672.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 26,667.00	\$ 3,333.00	\$ 30,000.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials:

Date:

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 54,538.00	\$ 6,817.25	\$ 61,355.25	
2. Employee Benefits	\$ 10,908.00	\$ 1,363.00	\$ 12,271.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,432.00	\$ 179.00	\$ 1,611.00	
6. Travel	\$ 1,100.00	\$ 137.50	\$ 1,237.50	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,532.00	\$ 191.50	\$ 1,723.50	
9. Software	\$ 1,046.00	\$ 130.75	\$ 1,176.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.00	\$ 1,125.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,556.00	\$ 8,944.00	\$ 80,500.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: _____

Date: _____

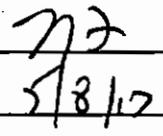

 7/7
 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 55,773.00	\$ 6,971.63	\$ 62,744.63	
2. Employee Benefits	\$ 11,055.00	\$ 1,381.38	\$ 12,436.38	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,355.00	\$ 169.38	\$ 1,524.38	
6. Travel	\$ 1,000.00	\$ 125.00	\$ 1,125.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,451.00	\$ 181.38	\$ 1,632.38	
9. Software	\$ 922.00	\$ 115.25	\$ 1,037.25	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,556.00	\$ 8,944.00	\$ 80,500.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: NJ

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Budget Request for: Regional Public Health Network Services - SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Expenses
1. Total Salary/Wages	\$ 51,215.00	\$ 6,401.88	\$ 57,616.88	
2. Employee Benefits	\$ 10,243.00	\$ 1,280.38	\$ 11,523.38	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,911.00	\$ 238.88	\$ 2,149.88	
6. Travel	\$ 1,200.00	\$ 150.00	\$ 1,350.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,460.00	\$ 182.75	\$ 1,642.75	
9. Software	\$ 1,105.00	\$ 138.13	\$ 1,243.13	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 250.00	\$ 2,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 69,134.00	\$ 8,642.00	\$ 77,776.00	

Indirect As A Percent of Direct

12.5%

\$ -

Contractor Initials: NF

Page 1 of 1

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 52,437.00	\$ 6,554.63	\$ 58,991.63	
2. Employee Benefits	\$ 10,487.00	\$ 1,310.88	\$ 11,797.88	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 945.00	\$ 118.13	\$ 1,063.13	
6. Travel	\$ 1,200.00	\$ 150.00	\$ 1,350.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,463.00	\$ 182.88	\$ 1,645.88	
9. Software	\$ 1,096.00	\$ 137.00	\$ 1,233.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,250.00	\$ 156.50	\$ 1,406.50	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 68,878.00	\$ 8,610.00	\$ 77,488.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: NJ

Date: 5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 54,689.00	\$ 6,836.13	\$ 61,525.13	
2. Employee Benefits	\$ 10,938.00	\$ 1,367.25	\$ 12,305.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 896.00	\$ 112.00	\$ 1,008.00	
6. Travel	\$ 1,450.00	\$ 181.25	\$ 1,631.25	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,614.00	\$ 201.75	\$ 1,815.75	
9. Software	\$ 1,300.00	\$ 162.50	\$ 1,462.50	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.13	\$ 1,125.13	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,887.00	\$ 8,986.00	\$ 80,873.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: NJ

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 55,141.00	\$ 6,892.63	\$ 62,033.63	
2. Employee Benefits	\$ 11,028.00	\$ 1,378.50	\$ 12,406.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 941.00	\$ 117.63	\$ 1,058.63	
6. Travel	\$ 1,400.00	\$ 175.00	\$ 1,575.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,548.00	\$ 193.50	\$ 1,741.50	
9. Software	\$ 1,085.00	\$ 135.63	\$ 1,220.63	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.12	\$ 1,125.12	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,143.00	\$ 9,018.00	\$ 81,161.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: 77

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

**Regional Public Health Network Services -
Budget Request for: YAL**
(Name of RFP)

Budget Period: SFY 2018

Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 5,618.00	\$ 702.25	\$ 6,320.25	
2. Employee Benefits	\$ 1,124.00	\$ 140.50	\$ 1,264.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 81.00	\$ 10.25	\$ 91.25	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 147.00	\$ 18.38	\$ 165.38	
9. Software	\$ 141.00	\$ 17.63	\$ 158.63	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,111.00	\$ 889.00	\$ 20,000.00	

Indirect As A Percent of Direct

4.7%

Contractor Initials: 77

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Total Cost
1. Total Salary/Wages	\$ 5,658.00	\$ 707.25	\$ 6,365.25	
2. Employee Benefits	\$ 1,032.00	\$ 129.00	\$ 1,161.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 102.00	\$ 12.88	\$ 114.88	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 167.00	\$ 20.88	\$ 187.88	
9. Software	\$ 152.00	\$ 19.00	\$ 171.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,111.00	\$ 889.00	\$ 20,000.00	

Indirect As A Percent of Direct

4.7%

Contractor Initials: NF

Date: 5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 52,131.00	\$ 6,516.38	\$ 58,647.38	
2. Employee Benefits	\$ 10,426.00	\$ 1,303.25	\$ 11,729.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 5,166.00	\$ 645.75	\$ 5,811.75	
6. Travel	\$ 3,500.00	\$ 437.50	\$ 3,937.50	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,690.00	\$ 211.25	\$ 1,901.25	
9. Software	\$ 1,587.00	\$ 198.38	\$ 1,785.38	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 5,500.00	\$ 687.50	\$ 6,187.50	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,200.00	\$ 11,191.00	\$ 90,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: 77

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

**Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)**

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Direct/Indirect Cost
1. Total Salary/Wages	\$ 56,452.00	\$ 7,056.50	\$ 63,508.50	
2. Employee Benefits	\$ 11,190.00	\$ 1,398.75	\$ 12,588.75	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 5,177.00	\$ 647.13	\$ 5,824.13	
6. Travel	\$ 1,750.00	\$ 218.75	\$ 1,968.75	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,790.00	\$ 223.75	\$ 2,013.75	
9. Software	\$ 1,641.00	\$ 205.13	\$ 1,846.13	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 250.00	\$ 2,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 80,000.00	\$ 10,000.00	\$ 90,000.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: 77

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 4,706.00	\$ 588.25	\$ 5,294.25	
2. Employee Benefits	\$ 941.00	\$ 117.63	\$ 1,058.63	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 385.00	\$ 48.13	\$ 433.13	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 153.00	\$ 19.00	\$ 172.00	
9. Software	\$ 144.00	\$ 18.00	\$ 162.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,000.00	\$ -	\$ 2,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 8,329.00	\$ 791.00	\$ 9,120.00	

Indirect As A Percent of Direct

9.5%

Contractor Initials:

77

Date:

5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,685.00	\$ 585.63	\$ 5,270.63	
2. Employee Benefits	\$ 954.00	\$ 119.25	\$ 1,073.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 384.00	\$ 48.00	\$ 432.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 148.00	\$ 18.50	\$ 166.50	
9. Software	\$ 158.00	\$ 19.62	\$ 177.62	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,000.00	\$ -	\$ 2,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 8,329.00	\$ 791.00	\$ 9,120.00	

Indirect As A Percent of Direct

9.5%

Contractor Initials:

Date:

277

5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: DBART
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 10,450.00	\$ 1,306.25	\$ 11,756.25	
2. Employee Benefits	\$ 2,090.00	\$ 261.25	\$ 2,351.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 188.00	\$ 23.88	\$ 211.88	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 287.00	\$ 35.88	\$ 322.88	
9. Software	\$ 318.00	\$ 39.75	\$ 357.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 70,000.00	\$ -	\$ 70,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,333.00	\$ 1,667.00	\$ 85,000.00	

Indirect As A Percent of Direct

2.0%

Contractor Initials: NJ

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: DBART
(Name of RFP)

Budget Period: SFY 2018 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect
1. Total Salary/Wages	\$ 10,536.00	\$ 1,317.00	\$ 11,853.00	
2. Employee Benefits	\$ 2,107.00	\$ 263.38	\$ 2,370.38	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 145.00	\$ 18.50	\$ 163.50	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 262.00	\$ 32.75	\$ 294.75	
9. Software	\$ 283.00	\$ 35.38	\$ 318.38	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 70,000.00	\$ -	\$ 70,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,333.00	\$ 1,667.00	\$ 85,000.00	

Indirect As A Percent of Direct

2.0%

Contractor Initials: 77

Date: 5/2/12



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

 mz

 5/2/17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name:

5/2/17
Date

[Signature]
Name: Wesley Frank
Title: CEO

Contractor Initials WF
Date 5/2/17



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name:

5/8/12
Date

[Signature]
Name: Danny Frank
Title: CEO



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Order of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

[Handwritten Signature]
Date *5/2/17*



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/8/17
Date


Name: Amy Frank
Title: CEO



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

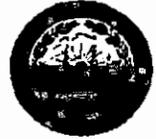
Contractor Initials

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Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections

1/8/17

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

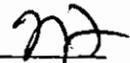
5/2/17
Date


Name: Nancy Frank
Title: CEO

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials



Date

5/2/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

Date 5/8/17

Name: [Signature]
Title: CEO Frank

Contractor Initials DF
Date 5/8/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

ND

5/8/17



Exhibit I

- i. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

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5/8/17



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

North Country Health Consortium
Name of the Contractor

Nancy Frank
Signature of Authorized Representative

Nancy Frank
Name of Authorized Representative

CEO
Title of Authorized Representative

5/23/17
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

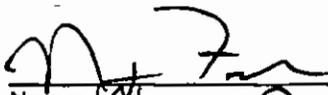
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

5/2/17
Date


Name: Anthony Frank
Title: CEO



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 01771-1198
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____